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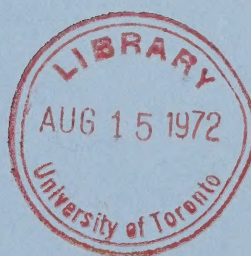


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Publication



# HEALTH AND WELFARE SERVICES IN CANADA

1971



Health and Welfare Canada

Santé et Bien-être social Canada







HEALTH AND WELFARE SERVICES IN CANADA

1971

Research and Statistics Directorate

Published by Authority of  
The Honourable John Munro  
Minister of National Health and Welfare

Maurice LeClair, M. D.  
Deputy Minister of National Health

Joseph W. Willard  
Deputy Minister of National Welfare



On January 13, 1972, while this publication was undergoing its final production phases, an extensive reorganization of health responsibilities in the Department of National Health and Welfare was announced by the Deputy Minister of National Health. The names of units have not been altered in this publication, which was written in 1971, to conform to the new designations.



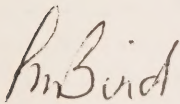
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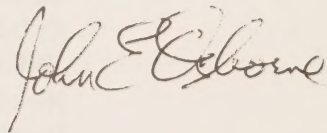
## PREFACE

This book gathers together for ready reference brief descriptions of arrangements made for the provision of health and welfare services to Canadians, resumés of recent events in the evolution of those arrangements, and pertinent statistics of their operation. Most of the contents were prepared by the Research and Statistics Directorate of the Department of National Health and Welfare for the chapter, "Health, Welfare and Social Security" of the Canada Year Book for 1972. Certain other material is included here that for brevity was omitted from that chapter.

The Directorate is indebted to many officers of the Department for contributing to various passages; the other sections were prepared by the staff of the Directorate. The editor of the health portion was Mr. Arthur F. Smith, and of the welfare portion was Dr. Herbert L. Pottle.



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# E R R A T A

Page 1, paragraph 1, lines 7 and 8: the words "to amend the Canada Assistance Plan" should be "to amend the Canada Pension Plan".

Page following page 61: the text was omitted, and should read as follows:

- 62 -

To carry out Canada's obligations under the International Health Regulations, the Department of National Health and Welfare maintains quarantine measures for ships and aircraft entering Canadian ports and provides accommodation and medical care for persons arriving in Canada who require quarantine (see page 8).

The Department is responsible for the enforcement of regulations governing the handling and shipping of shellfish under the International Shellfish Agreement between Canada and the United States. Other responsibilities include the custody and distribution of biological, vitamin, and hormone standards for WHO and certain duties in connection with the Single Convention on Narcotic Drugs, 1961, as well as Canada's representation on the Narcotic Commission of the United Nations.



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## HEALTH AND WELFARE SERVICES IN CANADA

### FOREWORD

An important development during the period June 1970 to June 1971 was the tabling in the House of Commons of the White Paper, Income Security for Canadians, on November 30, 1970, by the Minister of National Health and Welfare. This document included proposals to replace Family Allowances with a Family Income Security Plan, to amend the Old Age Security and Guaranteed Income Supplement programs, to amend the Canada Assistance Plan, and to hold discussions with the provinces to improve provincial social assistance programs financed through the Canada Assistance Plan. The primary objective of these changes was to shift income security payments in favour of people in greatest need.

The proposals relating to Old Age Security and the Guaranteed Income Supplement were enacted in December 1970. The Old Age Security Pension was raised to \$80 a month, effective January 1, 1971; the Guaranteed Income Supplement was raised from April 1, 1971 to a maximum of \$55 for a single pensioner and to \$95 where both spouses are pensioners. In June 1971, the Minister announced modifications to the proposed Family Income Security Plan and indicated that further changes might be expected before legislation was introduced.

During the year also, the Minister of National Health and Welfare stated at a meeting of federal and provincial Ministers of Health that exploratory discussions would be undertaken with provincial governments with a view to revision of existing cost-sharing arrangements in the field of health care. The objectives of any new approach would be to reduce the rate of escalation of costs of hospital and medical services, and to give provinces greater flexibility in determining their priorities in health programs.

During 1970 Quebec and Prince Edward Island joined the federal-provincial Medical Care Insurance Program. New Brunswick followed on January 1, 1971 and the Northwest Territories commenced participation on April 1, 1971.

Efforts were under way to implement recommendations of the 1969 Task Force Reports on the Cost of Health Services in Canada. In April 1971, a National Conference on Assistance to the Physician discussed ways and means of assisting physicians to supply health care more effectively and efficiently.

The Department began a National Survey of Nutrition in September 1970, aimed at providing information on incidence of nutritional diseases and disorders, and on levels of ingestion of nutrients, food additives, non-nutritive substances, and pesticide residues. Initial surveys were made in every province.

A Family Planning Program was announced in September 1970, to be implemented in co-operation with the provinces, professional agencies, and other interested bodies. The Minister expressed the hope that voluntary use of family planning services would reduce infant mortality, child neglect, abandonment, desertion, welfare dependency, and child abuse.

In January 1971, a comprehensive national program against drug abuse was announced in Parliament by the Minister. It will involve research on the non-medical use of drugs, expansion of services for analyzing drugs, a national information program, and new methods of handling drug-created problems.

A further announcement by the Minister in May 1971 concerned extension of the Department's Drug Quality Assurance Program, designed to support other measures aimed at reducing the cost of drugs to the public. The new monitoring procedures will cover analysis and inspection of manufacturing facilities, assessment of efficacy, and publication of results.

A Bill to ban all advertising and promotion of cigarette products was introduced in Parliament on June 10, 1971. The proposed Cigarette Products Act covers the major recommendations of the 1969 report of the Standing Committee on Health, Welfare and Social Affairs. It would prohibit Canadian manufacturers from promoting the sale of cigarettes on television, radio, and in print, or by means of premiums or coupons.



## PART 1 - HEALTH

Provincial governments in Canada have constitutional authority to carry out most health services and they delegate many preventive and regulatory health activities to the local health services. On its part, the federal government exercises jurisdiction over special health areas and functions of a national or international character. In addition, there are numerous non-governmental health agencies organized at national, provincial and local levels, that are active in different health fields.

### Section 1 - Federal Health Activities

While important treatment services are administered by the Departments of Veterans Affairs and National Defense, the chief federal health agency is the Department of National Health and Welfare. Other federal agencies have been designated to carry out specialized health functions, for example, Statistics Canada is responsible for the gathering of vital and other health statistics, the Medical Research Council administers a medical research grant program, and the Agriculture Department has certain responsibilities for health connected with food production.

The Department of National Health and Welfare carries out a range of preventive treatment and regulatory health services, supports provincial health programs and participates in international health measures. Its Medical Services Branch provides comprehensive public health services to Indians and to all residents of the Yukon and Northwest Territories. This Branch also operates quarantine, sick mariners and the civil aviation medicine programs and an occupational health service for federal employees. To prevent hazards to health, the Department's Food and Drug Directorate establishes and maintains national standards for the manufacture and distribution of foods, drugs, cosmetics, and medical devices and carries out related research.

Another unit, the Canadian Communicable Disease Centre, serves as the national public health laboratory. Special programs have also been established for radiation protection

and emergency health services in which the provinces participate.

In its supportive role, the federal health department assists the provincial public health services, hospital and medical care programs and provides grants for the extension of health training facilities through a number of cost-sharing and health grant programs. It supplies scientific information and technical advice on health questions and engages in intramural research in such areas as health manpower and the costs and delivery of health services. An important study, the national nutrition survey, was launched in 1970 in co-operation with the provinces. Grants for public health research and innovative services, including programs concerning the non-medical use of drugs, are made available to provincial health departments, the universities and voluntary groups.

#### Subsection 1 - Food and Drug Control

The provisions of the Food and Drugs Act, administered by the Food and Drug Directorate of the Department of National Health and Welfare, apply to the manufacture, advertising, packaging, and distribution of drugs, cosmetics, and medical devices, and to the manufacture, packaging, and distribution of foods, anywhere in Canada. Powers are given under this legislation to maintain the safety, purity, and quality of food and drug products and to prevent misrepresentation in labeling and advertising. The Act specifically prohibits the advertising of any food, drug, cosmetic, or medical device as a preventive or cure for a number of serious diseases. This feature of the Act is thought to be unique to Canada and it has proven valuable in the prevention of fraud.

Standards of safety and purity are developed through laboratory research and maintained by means of a regular and widespread inspection. The inspection of food-manufacturing establishments plays a major role in the production of clean, wholesome foods containing ingredients that meet recognized standards. Changing food technology requires the development of methods of laboratory analysis to ensure the safety of new types of ingredients and packaging materials. The Food and Drug Regulations list chemical additives that may be used in foods, the amounts that may be added to each food, and the



underlying reason. Information on new additives must be submitted for careful review before they are included in the permitted list. Considerable emphasis is placed upon studies to ensure that the levels of pesticide residues in foods do not constitute a health hazard. The effect of new packaging and processing techniques on the bacteria associated with food spoilage is also of special concern.

The Food and Drug Directorate regulates both the manufacture and distribution of drugs in Canada. The conditions under which drugs are to be manufactured are described in the Manufacturing Facilities and Control Regulations. They relate to facilities, employment of qualified personnel, quality control procedures, maintenance of records, and a suitable system to enable a complete and rapid recall of any batch of drugs from the market. Pharmaceutical plants are regularly visited by inspectors to ensure that the drugs produced are of a suitable quality to be sold in Canada.

Control over the distribution of drugs is based on the relative safety of a drug and its potential for abuse. Accordingly, there are different levels of control. Since 1966, every manufacturer and distributor of drugs in Canada has been required to submit to the Food and Drug Directorate information on all the products he is marketing in Canada. From this and other information, decisions are made regarding the types of control procedure that will be implemented.

A limited number of drugs in specified dosage ranges may be sold through any outlet under the Patent and Proprietary Medicines Act. Registration under this Act allows a manufacturer to sell secret formula preparations and make limited claims for the product. Narcotics and controlled drugs are closely regulated and detailed records kept of all transactions involved in the legitimate use of these products. The illicit market in narcotics and similar products is the responsibility of the Royal Canadian Mounted Police and other law-enforcement agencies. Close co-operation is maintained between these agencies and the Food and Drug Directorate.

When new drugs with unknown properties are to be placed on the market, detailed information is demanded of the manufacturer. This information includes data on adverse side effects, the manufacturing process to be used, the results of

the drug in clinical tests, and the formulation of the dosage forms. The data are carefully reviewed by the Directorate to ensure that the drug is safe and that it is effective for the purpose claimed. Even after the drug is marketed the Directorate maintains a close watch over the side effects encountered in practice. If it proves to be relatively safe and effective it is no longer classed as a new drug, but if it appears that it might be unsafe the manufacturer would be asked to remove it from the market.

The Directorate conducts an adverse-drug-reaction reporting program across Canada to recognize and investigate reactions to drugs. The co-operation of the medical, dental, veterinary, and pharmaceutical professions is also solicited in advising the Directorate of such reactions in private practice.

## Subsection 2 - Medical Services

Through its Medical Services Branch, the Department of National Health and Welfare provides or arranges for several types of medical and health service for persons whose care is by custom or legislation a federal responsibility, as described in the following paragraphs.

### Indian Health Services

Indians, as citizens of a province, are entitled to the benefits of medical care and hospital insurance. These insured benefits are supplemented by Medical Services, which assists Indian bands in arranging for transportation, and in obtaining drugs and prostheses. Emphasis is placed on a comprehensive public health program which provides dental care for children, immunization, school health services, health education, pre and post-natal clinics, and well-baby clinics. Through direct financial assistance to Native organizations support is given to Indian programs directed toward improving the quality of life by means of adult education, family planning, prevention of venereal disease, and the suppression of alcoholism and drug abuse. Since Indians comprise only 1 per cent of the Canadian population and are distributed widely throughout Canada, a network of specially designed health facilities has



been constructed in almost 200 communities which would otherwise lack health facilities. Approximately 60 of these are nursing stations, 91 are health centres and 46 are outpatient clinics.

Indians generally use the same hospital facilities as non-Indians and the need for special hospitals for Indians has now largely disappeared. Most Indian hospitals either are in the process of being phased out of existence or are being converted to community hospitals admitting any patients who need care. There are now only 10 Indian hospitals in the southern provinces.

An increasing number of Native people are being trained and employed in the public health and medical care programs to facilitate understanding and health activities in local communities.

#### Northern Health Services

The Department provides service to all residents of the Yukon and Northwest Territories. Accent, however, is chiefly on public health programs since both the Yukon and Northwest Territories have tax-supported hospital insurance programs and the latter now has medical care insurance. It is anticipated that the Yukon will also have a medical care insurance program in the near future. The majority of employed persons in the Yukon are now insured under private plans to which both employer and employee contribute. Health legislation in the two Territories is by Territorial Ordinance passed by the respective Councils.

The health services comprise all normal health department activities including a comprehensive public health program, and special arrangements facilitate interstation communication and the transportation of patients from isolated communities to medical centers. Several university groups have interests in delineated zones for the provision of medical personnel and students in rotation. These interests are supported by government contracts and medical care insurance. Departmental facilities include four hospitals, six clinics, 34 nursing stations, and 17 health stations.

### Sick Mariners Service

Effective 31 December 1970, Part V of the Canada Shipping Act was repealed, thereby abolishing the Sick Mariners Service. Canadian seamen are now provided with medical care through medicare and hospital care through hospital insurance plans in the province of residence. Crew members of foreign-going ships receive care from local physicians and hospitals under arrangements made by the shipping companies.

### Quarantine and Regulatory Service

Under the Quarantine Act, all vessels, aircraft, and other conveyances and their crew and passengers arriving in Canada from foreign countries are inspected by quarantine officers to detect and correct conditions that could lead to the entry into Canada of such diseases as smallpox, cholera, plague, yellow fever, typhus, and relapsing fever. Fully organized quarantine stations are located at all major seaports and airports.

The Branch is responsible for enforcing hygienic standards on federal property including ports and terminals, interprovincial means of transport, and on Canadian ships and aircraft.

### Immigration Medical Services

Under the Department of National Health and Welfare Act and the Immigration Act, Medical Services Branch determines in Canada and other countries the health status of all applicants for immigration to Canada and some non-immigrants, and provides treatment for certain classes of persons after arrival in Canada, including immigrants who become ill en route to their destination or while seeking employment.

### Public Service Health

Medical Services Branch is responsible for a comprehensive occupational health program for federal employees throughout the country and abroad. This service includes health counselling, surveillance of the occupational and working environment, pre-employment, periodic, and special examinations, first aid and emergency treatment, and a wide range of advisory services and special health programs.



## Civil Aviation Medicine

The Department provides an advisory service to the Ministry of Transport concerning the health and safety of all involved in Canadian civil aviation. Regional and Headquarters Aviation Medical Officers review all medical examinations, participate in aviation safety programs and assist in air accident investigations. Close liaison with foreign aviation medicine authorities is maintained as standards are usually based upon international agreements. The remarkable expansion of Canadian aviation during the last decade has almost doubled the medical assessment work and resulted in a greatly increased demand for aeromedical and flight-safety training. Closer interdepartmental cooperation and increased utilization of all Canadian aviation medicine resources have been mandatory and presents a continuing challenge.

### Subsection 3 - Medical Research

Federal government expenditures for health science research are estimated at \$55.6 million for 1970-71. This is an increase from \$44.7 million in 1967-68 but about the same as 1969-70 when \$58.5 million was spent. The expenditures are almost totally accounted for between the Medical Research Council, \$34.0 million, and the Department of National Health and Welfare, \$20.8 million. Certain research expenditures for environmental health and radiation protection, previously reported by that Department, were incorporated into the Department of the Environment in 1970-71 and were not reported as "health".

Federal grants supporting health science research in universities and hospitals have been channelled mainly through the Medical Research Council, an autonomous group which reports to parliament through the Minister of National Health and Welfare, although significant outlays are made by other agencies in special fields such as public health, health care systems, and defence. The Medical Research Council spent \$34.0 million in 1970-71 of which \$15,572,000 was allocated for annual grants-in-aid, \$7,478,000 for three-year term research projects, \$1,466,000 for equipment grants, \$7,901,000 for research scholarships and fellowships, and \$1,545,000 for other research promotion. These amounts are in support of dental and pharmaceutical research as well as medical research.

The Department of National Health and Welfare accounted for the greatest amount of intramural expenditures, \$5.8 million, on research and development studies and related scientific activities in health fields. The major subjects of the Department's research were pharmacology, pharmaceutical chemistry, nutrition, microbiology, pesticides, food additives, clinical laboratory procedures, health services, prosthetics, epidemiology, and physical fitness. The Department of Veterans Affairs supports a variety of clinical studies in chronic disease problems including psychiatric research, totalling \$238,000 in 1970-71. Studies in radiation biology and other life sciences important to health are conducted by the National Research Council.

The Department of National Health and Welfare in 1970-71 distributed \$3.6 million under the Public Health Research Grant for applied and developmental research projects conducted by universities, hospitals, health departments, and other non-profit health organizations. A further \$1,950,000 was provided under the National Health Grant. In addition, the Department gave \$132,000 for physiological research under the Fitness and Amateur Sport Grant, \$63,000 for smoking and health research, \$174,000 for food and drug research, and \$300,000 for research into the non-medical use of drugs. The expansion of research facilities continues to be one of the key objectives of the Health Resources Program of the Department of National Health and Welfare. It is estimated that \$9.1 million, about 40 per cent of the Health Resources Fund expenditures in 1970-71, were used to build research facilities as an integral part of the program to expand the training of health personnel at medical and dental schools and affiliated centres.

The principal voluntary agencies supporting medical research in Canada, related to their special interests, are the National Cancer Institute, Canadian Arthritis and Rheumatism Society, Canadian Cystic Fibrosis Foundation, Canadian Association for the Mentally Retarded, Canadian Mental Health Association, Muscular Dystrophy Association of Canada, and Multiple Sclerosis Society of Canada. Research is also funded by provincial governments through various councils and foundations as well as direct research grants. The Interdepartmental Committee on Medical Research, to which the voluntary agencies are invited, provides a forum for the sharing of information and support of medical research.



#### Subsection 4 - Consultative and Technical Services

The Department of National Health and Welfare extends consultative and technical services to the provinces over a broad range of health activities. The consultant divisions of the Health Services Branch are concerned with: epidemiology including disease surveillance; communicable disease control as exemplified by the Canadian Communicable Disease Centre that serves as the national reference laboratory for diagnosis of bacterial and viral diseases; child and adult health including mental health, dental health, and nutrition; and rehabilitation, emergency health, and environmental health programs described elsewhere. The Department also provides technical advisory services to the provinces through its Health Insurance and Resources Branch, Research and Statistics Directorate, and Health Information Division. In addition, research and statistical services and health information in the form of literature, films and radio programs are supplied on a variety of subjects such as mental health and smoking.

#### Section 2 - Federal-Provincial Health Activities

The Department of National Health and Welfare serves the provinces in an advisory, technical, and co-ordinating capacity and provides grants to provincial and voluntary health agencies. It administers the federal aspects of the Health Resources Fund and of programs relating to hospital insurance, medical insurance, the Canada Assistance Plan, and National Health Grants. The Dominion Council of Health facilitates co-operation with the provinces on matters of health.

#### Subsection 1 - Medical Care

The expression "medicare" is commonly used in referring to the federal Medical Care Insurance Program. This program, established under the Medical Care Act\*, has permitted the

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\*The administration of the Act in relation to the federal area of responsibility is described in the annual reports of the Minister of National Health and Welfare respecting operations of the Medical Care Act, for the fiscal years ended March 31, 1969 and 1970.

federal government, since July 1, 1968, to contribute about one half of the national cost of insured services to those provinces operating medical care insurance plans which meet certain minimum criteria.

Two provinces, British Columbia and Saskatchewan, became participants in the federal plan from its inception. Other provinces joined as follows: Manitoba, Nova Scotia, and Newfoundland on April 1, 1969; Alberta on July 1, 1969; Ontario on October 1, 1969; Quebec on November 1, 1970; Prince Edward Island on December 1, 1970; New Brunswick on January 1, 1971; and the Northwest Territories on April 1, 1971.

The federal government does not operate a medical care insurance plan as such or sell medical care insurance to individual families. These activities are within provincial jurisdiction. The Medical Care Program is essentially a grant-in-aid activity that the federal government introduced to assist the provinces in making it possible for all Canadians to have access to necessary medical care. The program is in some respects analogous to the national Hospital Insurance and Diagnostic Services Program, described elsewhere.

Specifically, the federal government contributes to any one participating province half the per capita cost of all insured services furnished under the plans of all participating provinces, multiplied by the number of insured persons in that one province. The minimum criteria which must be met are as follows.

- (1) Comprehensive coverage must be provided for all medically required services rendered by a physician or surgeon. There can be no dollar limit or exclusion except on the ground that the service was not medically required. The federal program includes not only those services which have been traditionally covered as benefits to a greater or lesser extent by the health insurance industry, but also preventive and curative services which have been traditionally covered through the public sector in each province; for example, the



medical care of patients in mental and tuberculosis hospitals and those services of a preventive nature provided to individuals by physicians in public health agencies.

- (2) The plan must be universally available to all eligible residents on equal terms and conditions and must cover at least 95 per cent of the total eligible provincial population. This "uniform terms and conditions" clause is intended to ensure that all residents have access to coverage and to prevent discrimination in premiums on account of previous health, age, non-membership in a group, or other considerations. If a premium system of financing is selected, subsidization in whole or in part for low-income groups is permitted. It has been left to the individual province to determine whether its residents should be insured on a voluntary or compulsory basis. Utilization charges at the time of service are not precluded by the federal legislation if they do not impede, either by their amount or the manner of their application, reasonable access to necessary medical care, particularly for low-income groups.
- (3) The plan must provide portability of benefit coverage when the insured resident who has paid his premiums, if any, is temporarily absent from the province and when moving residence to another participating province.
- (4) The provincial medical care insurance plan must be administered on a non-profit basis by a public authority that is accountable to the provincial government for its financial transactions. It is permissible for provinces to assign certain administrative functions to private agencies.

Provincial programs that provide health care services (apart from those which are already insured services under the Medical Care Act) for welfare recipients establishing eligibility on the basis of financial need are supported financially by the federal program known as the Canada Assistance Plan. This program, described elsewhere in detail, provides for

federal payment of half the cost of personal health care services, as well as welfare services. The provinces are free to make available a wide range of health care benefits.

### Subsection 2 - Health Resources Program

The Health Resources Program is concerned with the manpower that is necessary to ensure adequate health-care services in Canada. Under the program, the Government of Canada makes capital grants for teaching and research establishments, consults with officials of provincial governments and other agencies, provides expert advice, undertakes studies on manpower, and supports programs that are designed to increase the effectiveness of health-care personnel.

In 1966, Parliament passed the Health Resources Fund Act in anticipation of an increase in the demand for health manpower after the introduction of compulsory medical-care insurance. It provided \$500,000,000, to be disbursed over the period from 1966 to 1980 for capital expenditures on medical schools, teaching hospitals, training facilities for nurses and other health-care personnel, and for research establishments, excluding residential buildings. The Government of Canada pays up to 50 per cent of the cost of planning, construction, purchase, renovation, and basic equipment, but excluding the costs of land and interest. Of the total, \$400,000,000 are available to the provinces in proportion to their population, and \$25,000,000 for projects that are jointly undertaken by the four Atlantic provinces; the remaining \$75,000,000 are yet to be allocated.

By March 31, 1971, the Government had approved disbursement of \$216,000,000 of which it had paid out \$143,000,000, about two-thirds for training facilities and one-third for research establishments.

### Subsection 3 - National Health Grant Program

The National Health Grant program was instituted in 1948 to assist the provinces in extending and improving public health and hospital services. As provincial needs altered,



TABLE 1 - AMOUNTS ALLOCATED AND AMOUNTS AND PERCENTAGES EXPENDED UNDER THE GENERAL HEALTH GRANTS AND HOSPITAL CONSTRUCTION GRANTS, BY GRANT, FOR THE PERIOD ENDED MARCH 31, 1970, AND FOR THE YEAR ENDED MARCH 31, 1971

| GRANT  | May 14, 1948 - March 31, 1970 |                        |                        | Year Ended March 31, 1971 |                          |
|--|-------------------------------|------------------------|------------------------|---------------------------|--------------------------|
|  | Amount<br>Allocated (a)       | Amount<br>Expended (b) | Percentage<br>Expended | Amount<br>Allocated (a)   | Amount<br>Expended (b,c) |
|  | \$                            | \$                     |                        | \$                        | \$                       |
| Crippled Children (d)                            | 6,207,728                     | 4,431,677              | 71                     | -                         | -                        |
| Professional Training                            | 25,542,173                    | 25,416,821             | 99                     | 2,106,100                 | 2,033,443                |
| Hospital Construction (e)                        | 333,888,412                   | 324,997,264            | 97                     | -                         | -                        |
| Veneral Disease Control (f)                      | 5,968,336                     | 5,146,209              | 86                     | -                         | -                        |
| Mental Health                                    | 160,262,364                   | 139,917,176            | 87                     | 4,101,873                 | 4,218,566                |
| Tuberculosis Control                             | 75,210,138                    | 71,528,424             | 95                     | 911,527                   | 931,526                  |
| Public Health Research                           | 37,187,528                    | 32,762,131             | 88                     | 4,844,030                 | 3,588,033                |
| Health Survey (g)                                | 645,180                       | 540,960                | 84                     | -                         | -                        |
| General Public Health                            | 234,785,656                   | 188,772,085            | 80                     | 7,734,975                 | 8,480,375                |
| Cancer Control                                   | 69,386,676                    | 51,392,604             | 74                     | 911,527                   | 635,007                  |
| Laboratory and Radiological Services (h)         | 47,404,300                    | 14,450,881             | 30                     | -                         | -                        |
| Medical Rehabilitation (i)                       | 6,500,000                     | 3,016,750              | 46                     | -                         | -                        |
| Medical Rehabilitation and Crippled Children (j) | 27,246,333                    | 17,966,817             | 66                     | 1,367,290                 | 971,764                  |
| Child and Maternal Health (k)                    | 29,253,503                    | 20,046,000             | 69                     | 911,527                   | 654,043                  |
| TOTAL  | 1,059,488,347                 | 900,385,799            | 85                     | 22,888,849                | 21,512,757               |

(a) As set out in the Orders-in-Council authorizing the General Health Grants and Hospital Construction Grants for the years cited. Provinces may vary the amounts allocated for individual General Health Grants by transfer of unexpended funds from one Grant to another.

(b) Total expenditures for each Grant for all provinces including Quebec's share, which has been paid through tax rebate under the Established Programs (Interim Arrangements) Act, effective 1965-66.

(c) Because of transfer of funds between grants, expenditures can exceed amounts allocated.

(d) Merged with Medical Rehabilitation Grant, April 1, 1960.

(e) The amounts allocated exclude, whereas the amounts expended for 1969-70 include, revotes for unclaimed allocations as from April 1, 1953.

(f) Absorbed into the General Public Health Grant, April 1, 1960.

(g) Lapsed in 1953 following the completion of provincial health surveys.

(h) Introduced in 1953 and absorbed into the General Public Health Grant, April 1, 1960.

(i) Introduced in 1953 and merged with the Crippled Children Grant, April 1, 1960.

(j) Introduced in 1960 - see footnotes d and i.

(k) Introduced in 1953.

changes were made in the amounts and conditions of individual grants. Table 1 shows the utilization of the General Health Grants and Hospital Construction Grants, changes in their classification since inception, and the current 1970-71 grants as follows: Professional Training, Mental Health, Tuberculosis Control, Public Health Research, General Public Health, Cancer Control, Medical Rehabilitation and Crippled Children, and Child and Maternal Health. During the period 1948-1971, the total expenditures under this program were \$921 million.

The largest single grant has been in support of hospital construction. This grant was terminated on March 31, 1970, and lump sum cash payments were made to the provinces and territories in discharge of the full entitlement of each province and territory to the termination date of the grant.

During the life of this grant, funds were approved to assist with the construction of space to house more than 130,200 beds and 16,000 bassinets, for more than 24,300 beds for nurses, 971 beds for interns, and more than 8,315,000 square feet of floor area for certain services used by both in-patients and out-patients. The second largest grant, the General Public Health Grant, has assisted the provinces in extending local health services to prevent disease and disability, in controlling environmental health hazards, and in developing a great variety of health services. Since 1948 more than 53,700 persons have received assistance in taking training in the health disciplines, either through short courses or by academic courses of a year or more. Other grants are designated for preventive and treatment services in specific areas, such as mental health, tuberculosis and cancer control, maternal and child health, and medical rehabilitation. Projects supported by the Public Health Research Grant relate to the prevention of disease, disability, or death; epidemiology; community-based health and medical care; operational research; environmental health, including sanitation; and the utilization of health manpower.

The Government has indicated its intention of terminating the General Health Grants, except for the Professional Training and Public Health Research grants, by the end of the 1971-72 fiscal year. To accomplish this, the amounts available to the



provinces are being gradually reduced, with the first reduction having taken place in 1969-70, the second in 1970-71, and a final reduction in the 1971-72 fiscal year.

In April 1969 a new National Health Grant was established to stimulate research studies, service demonstrations, and training activities of national importance for the improvement of health services. Eligible applicants may be official or voluntary health agencies, universities, or other qualified agencies or individuals. In 1969-70, the amount allocated was \$1,062,000 on the basis of five cents per capita of population; in 1970-71, it was increased to \$2,300,000 on the basis of 10 cents per capita. For 1971-72 the amount available is \$3,264,000 based on 15 cents per capita. Unlike its predecessor, which was a joint federal-provincial program, the National Health Grant provides direct financial support to eligible applicants.

#### Subsection 4 - Hospital Insurance

Provincial hospital insurance programs, operating in all provinces and territories since 1961, cover 99 per cent of the population of Canada. Under the Hospital Insurance and Diagnostic Services Act of 1957, the Federal Government shares with the provinces the cost of providing specified hospital services to insured patients. Specifically excluded are tuberculosis hospitals and sanatoria, hospitals or institutions for the mentally ill, and institutions providing custodial care, such as nursing homes and homes for the aged. The methods of administering and financing the program in each province and the provision of services above the stipulated minimum required by the Act are left to the choice of the province.

When the Act was passed in 1957, Newfoundland, Saskatchewan, Alberta, and British Columbia were already operating hospital insurance plans; those four provinces and Manitoba entered federal-provincial agreements on July 1, 1958, the earliest possible date under the new Act. Prince Edward Island, Nova Scotia, New Brunswick, and Ontario followed in 1959, the Territories in 1960, and Quebec in 1961.

Insured in-patient services must include accommodation, meals, necessary nursing service, diagnostic procedures, pharmaceuticals, the use of operating rooms, case rooms, and

anaesthetic facilities, and the use of radiotherapy and physiotherapy if available. Similar out-patient services may be included in provincial plans and authorized for contribution under the Act. All provinces include some out-patient services, and most cover a fairly comprehensive range. Provincial plans are administered by provincial departments of health in some provinces and by separate commissions in others. To finance the insurance plans, the provinces use general revenue, sales taxes and premiums in various combinations.<sup>(1)</sup> The Government of Canada contributes out of the consolidated revenue fund in respect to each province the sum of 25 per cent of the per capita cost of in-patient services in Canada and 25 per cent of the per capita cost of in-patient services in the province, multiplied by the average number of insured people in that province. Contributions for insured out-patient services with respect to each province are paid in the same proportion as the contributions to the cost for in-patients. Since January 1st, 1965, contributions to Quebec under the Hospital Insurance and Diagnostic Services Act have been replaced by arrangements under the Established Programs (Interim Arrangements) Act.

Table 2 shows the proportion contributed by the Government of Canada towards the cost of insured hospital services in each province. It varies according to law around 50 per cent, and ranged in 1968 from 47 per cent for Alberta to 66 per cent for Prince Edward Island. Note that the lower the average cost per person is in a province, the greater the proportion which the province recovers from the central government.

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(1) All provinces use general revenue; Nova Scotia levies a health services tax; Ontario, Manitoba, and Saskatchewan impose premiums; and Saskatchewan, Alberta, British Columbia, and the Northwest Territories impose authorized charges at the time of service (legislative changes in Saskatchewan and Ontario have abolished premium payments for family heads 65 or over effective January 1, 1972, and in Saskatchewan have abolished all authorized charges effective August 1, 1971).



TABLE 2 - PERCENTAGES OF THE COSTS OF INSURED HOSPITAL SERVICES CONTRIBUTED UNDER THE HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES ACT, BY THE GOVERNMENT OF CANADA, 1966 TO 1969

| Province              | 1966 | 1967 | 1968 | 1969(a) |
|-----------------------|------|------|------|---------|
| Newfoundland          | 56   | 56   | 55   | 56      |
| Prince Edward Island  | 63   | 62   | 66   | 64      |
| Nova Scotia           | 56   | 54   | 54   | 54      |
| New Brunswick         | 53   | 52   | 52   | 53      |
| Ontario               | 49   | 48   | 48   | 48      |
| Manitoba              | 53   | 52   | 53   | 53      |
| Saskatchewan          | 49   | 50   | 51   | 53      |
| Alberta               | 47   | 47   | 47   | 52      |
| British Columbia      | 53   | 53   | 53   | 54      |
| Yukon                 | 55   | 56   | 59   | 55      |
| Northwest Territories | 49   | 50   | 52   | 51      |

(a) Preliminary

Tables 3 to 12, unless otherwise stated, contain statistics on the hospitals that are listed in the federal-provincial hospital insurance agreements. Most of these are public general or special hospitals designated in the tables as "budget review" hospitals (hospitals whose budgets require approval by the provincial hospital authority). "Contract" hospitals are privately owned institutions that provide care to insured patients under contract with the provincial agency. Government of Canada hospitals are operated by the Departments of National Health and Welfare, Veterans Affairs, and National Defence.

Table 3 shows that 1,297 hospitals in Canada were listed in the federal-provincial agreements at the end of 1968. Table 4 shows that the total number of beds in reporting hospitals at the end of 1968 was 143,679, or 6.9 beds per thousand population. This ratio ranged from 5.8 in Newfoundland to 9.2 in Alberta and was still higher in the Territories.

Table 5 shows patient-days in listed hospitals that reported. The total, 42.3 million, corresponds to a rate of 2,039 patient-days per thousand population for Canada. The rate ranged from 1,582 in Newfoundland to 2,490 in Alberta.

Table 6 shows average length of hospital stay and occupancy ratios for budget review hospitals only. The average length of stay of patients who were discharged from or who died in general hospitals during 1968 (excluding the Territories), ranged from 9.0 days in Alberta to 11.1 days in Ontario; the average for Canada was 10.3 days. Length of stay in chronic hospitals was 207.9 days for Canada as a whole but there was considerable variation among the provinces. In convalescent hospitals, the average length of stay was 45.9 days.

The occupancy ratio during 1968 in general hospitals was 79.1 per cent; in chronic hospitals, 95.4 per cent; and in convalescent hospitals, 89.2 per cent. Occupancy varies with the size of hospital, and variations in the occupancy ratio among provinces can be partially attributed to this factor. Thus, Ontario and British Columbia, with many large hospitals, show the highest occupancy in general hospitals, and the territories, with no large hospitals, the lowest.



TABLE 3 - NUMBER OF HOSPITALS AND OTHER FACILITIES LISTED IN HOSPITAL INSURANCE AGREEMENTS, BY STATUS, CANADA AND PROVINCES, DECEMBER 31st, 1968

| Province              | Hospitals     |              |                 |           | Other facilities (b) | Total |
|-----------------------|---------------|--------------|-----------------|-----------|----------------------|-------|
|                       | Budget review | Contract (a) | Gov't of Canada | Total (a) |                      |       |
| Newfoundland          | 46            | 1            | -               | 47        | 2                    | 49    |
| Prince Edward Island  | 9             | -            | -               | 9         | 1                    | 10    |
| Nova Scotia           | 47            | -            | 1               | 48        | 2                    | 50    |
| New Brunswick         | 40            | -            | 1               | 41        | 1                    | 42    |
| Quebec                | 183           | 79           | 9               | 271       | 14                   | 285   |
| Ontario               | 227           | 70           | 12              | 309       | 6                    | 315   |
| Manitoba              | 82            | 5            | 16              | 103       | 2                    | 105   |
| Saskatchewan          | 152           | 4            | 3               | 159       | 6                    | 165   |
| Alberta               | 146           | 2            | 9               | 157       | 26                   | 183   |
| British Columbia      | 101           | 13           | 5               | 119       | 1                    | 120   |
| Yukon                 | 2             | -            | 3               | 5         | 1                    | 6     |
| Northwest Territories | 2             | 6            | 21              | 29        | 1                    | 30    |
| Canada                | 1,037         | 180          | 80              | 1,297     | 63                   | 1,360 |

(a) Excludes three hospitals in the U.S.A. near the Canadian border that are listed in the agreements with New Brunswick and Manitoba.

(b) Includes clinics, medical centres, physical restoration centres, laboratories, radiological facilities, and Red Cross blood depots.

TABLE 4 - NUMBER OF BEDS SET UP (EXCLUDING BASSINETS) IN REPORTING HOSPITALS LISTED IN HOSPITAL INSURANCE AGREEMENTS, WITH RATIOS PER 1,000 POPULATION, CANADA AND PROVINCES, DECEMBER 31st, 1968

| Province              | Number of listed hospitals reporting | Number of beds reported | Beds per 1,000 population |
|-----------------------|--------------------------------------|-------------------------|---------------------------|
| Newfoundland          | 47                                   | 2,916                   | 5.8                       |
| Prince Edward Island  | 9                                    | 646                     | 5.9                       |
| Nova Scotia           | 48                                   | 4,930                   | 6.5                       |
| New Brunswick         | 41                                   | 4,393                   | 7.0                       |
| Quebec (a)            | 268                                  | 38,508                  | 6.5                       |
| Ontario (a)           | 305                                  | 49,592                  | 6.8                       |
| Manitoba (a)          | 100                                  | 6,994                   | 7.2                       |
| Saskatchewan (a)      | 156                                  | 7,801                   | 8.1                       |
| Alberta (a)           | 155                                  | 13,985                  | 9.2                       |
| British Columbia (a)  | 116                                  | 13,309                  | 6.6                       |
| Yukon                 | 5                                    | 161                     | 10.7                      |
| Northwest Territories | 29                                   | 444                     | 14.3                      |
| Canada (b)            | 1,279                                | 143,679                 | 6.9                       |

(a) The number of beds in non-reporting hospitals is estimated as follows: Quebec 113; Ontario 58; Manitoba 75; Saskatchewan 72; Alberta 81; British Columbia 92.

(b) The three listed hospitals in the U.S.A. are excluded.

TABLE 5 - TOTAL AND INSURED PATIENT-DAYS IN REPORTING HOSPITALS LISTED IN HOSPITAL INSURANCE AGREEMENTS, WITH RATES PER 1,000 POPULATION, CANADA AND PROVINCES, 1968

| Province              | Number of hospitals reporting | Total patient-days |          | Patient-days paid for by the insurance plan of the reporting province |          |
|-----------------------|-------------------------------|--------------------|----------|---|----------|
|                       |                               | Number             | Rate (a) | Number (b)  | Rate (c) |
| Newfoundland          | 47                            | 823,790            | 1,625    | 769,350   | 1,520    |
| Prince Edward Island  | 9                             | 186,592            | 1,696    | 179,775   | 1,665    |
| Nova Scotia           | 48                            | 1,392,028          | 1,832    | 1,262,516   | 1,701    |
| New Brunswick         | 41                            | 1,279,966          | 2,051    | 1,178,141   | 1,909    |
| Quebec                | 268                           | 11,464,912         | 1,934    | 10,922,764  | 1,847    |
| Ontario               | 305                           | 15,104,012         | 2,067    | 13,817,217  | 1,946    |
| Manitoba              | 100                           | 2,002,152          | 2,062    | 1,813,549   | 1,887    |
| Saskatchewan          | 156                           | 2,093,924          | 2,181    | 2,012,301   | 2,105    |
| Alberta               | 155                           | 3,800,188          | 2,490    | 3,561,827   | 2,349    |
| British Columbia      | 116                           | 4,052,559          | 2,019    | 3,654,843   | 1,833    |
| Yukon                 | 5                             | 23,735             | 1,582    | 18,990  | 1,266    |
| Northwest Territories | 29                            | 63,037             | 2,033    | 42,456  | 1,415    |
| Canada                | 1,279                         | 42,286,895         | 2,039    | 39,233,729  | 1,918    |

(a) Per 1,000 population based on intercensal estimates.

(b) Excludes out-of-province insured care.

(c) Per 1,000 persons insured under provincial plans.



TABLE 6 - AVERAGE LENGTH OF STAY (a) AND OCCUPANCY (b) FOR BUDGET REVIEW GENERAL, CHRONIC, AND CONVALESCENT HOSPITALS REPORTING, CANADA AND PROVINCES, 1968

| Province              | General hospitals             |                        |           | Chronic hospitals             |                        |           | Convalescent and rehabilitation hospitals |                        |           |
|-----------------------|-------------------------------|------------------------|-----------|-------------------------------|------------------------|-----------|---|------------------------|-----------|
|                       | Number of hospitals reporting | Average length of stay | Occupancy | Number of hospitals reporting | Average length of stay | Occupancy | Number of hospitals reporting             | Average length of stay | Occupancy |
|                       | Number                        | Days                   | Per cent  | Number                        | Days                   | Per cent  | Number                                    | Days                   | Per cent  |
| Newfoundland          | 43                            | 10.4                   | 77.2      | 1                             | 324.6                  | 97.1      | 1   | 62.0                   | 60.9      |
| Prince Edward Island  | 8                             | 9.7                    | 79.2      | -                             | -                      | -         | 1   | 46.4                   | 72.0      |
| Nova Scotia           | 44                            | 10.8                   | 76.5      | -                             | -                      | -         | 2   | 37.8                   | 95.2      |
| New Brunswick         | 38                            | 10.4                   | 80.3      | 1                             | 62.9                   | 96.7      | 1   | 53.7                   | 86.2      |
| Quebec                | 137                           | 10.4                   | 79.0      | 30                            | 178.8                  | 94.9      | 4   | 51.0                   | 91.4      |
| Ontario               | 200                           | 11.1                   | 82.0      | 20                            | 249.1                  | 97.2      | 6   | 37.0                   | 92.5      |
| Manitoba              | 77                            | 9.1                    | 79.3      | 4                             | 130.3                  | 94.2      | 1   | 43.2                   | 84.5      |
| Saskatchewan          | 148                           | 9.3                    | 71.7      | 3                             | 346.0                  | 95.3      | -   | -                      | -         |
| Alberta               | 116                           | 9.0                    | 70.7      | 28                            | 207.4                  | 92.8      | -   | -                      | -         |
| British Columbia      | 89                            | 9.4                    | 82.9      | 5                             | 419.0                  | 99.3      | 6   | 61.3                   | 87.5      |
| Yukon                 | 2                             | 5.5                    | 25.0      | -                             | -                      | -         | -   | -                      | -         |
| Northwest Territories | 2                             | 7.2                    | 61.0      | -                             | -                      | -         | -   | -                      | -         |
| Canada                | 904                           | 10.3                   | 79.1      | 92                            | 207.9                  | 95.4      | 22  | 45.9                   | 89.2      |

(a) Average hospital stay since admission of patients who left hospital by discharge, death, or transfer during 1968, excluding the newborn.

(b) Ratio of the average daily number of patients to the number of available beds.

Table 7 shows that 3.3 million separations (discharges and deaths) were reported by listed hospitals in 1968. This represents a rate of 161 per thousand population. Provincial rates varied from 136 in Quebec to 213 in Saskatchewan; the rate for the Northwest Territories, 241 per thousand, was the highest.

Table 8 shows that listed hospitals reported 230,168 full-time employees, excluding trainees, at the end of 1968, which is 9,625 or 4.4 per cent more than the year before. The number of part-time employees increased by 2,375 to 39,412.

Tables 9 and 10 deal with revenue fund expenditures of budget review hospitals only. These exclude capital costs, but include expenditures for services that are not covered by hospital insurance plans. The expenditures in 1968 increased by 16.5 per cent over the preceding year to \$1,722 million, of which salaries accounted for more than two-thirds.

Expenditures per patient-day ranged from \$31.62 in Prince Edward Island to \$50.05 in Quebec, except for the Yukon where the cost per patient-day was \$89.87. Regional differences reflect not only differences in the cost of labour and material, but also the proportion of care provided to geriatric and convalescent patients in budget review hospitals. This type of care is less costly than treatment of acute illness. The average cost per patient-day in Canada for care in budget review hospitals was \$45.18 in 1968, 11 per cent higher than in 1967.

The per capita amount of expenditures of budget review hospitals in 1968 ranged from \$89.35 in Ontario to \$53.64 in Prince Edward Island, and was far lower in the Territories. The national average was \$83.03, exceeded only in Quebec (\$83.56), Alberta (\$87.15), and Ontario. Budget review hospitals provided 90 per cent of all insured patient-days in Canada in 1968, but interprovincial comparisons of the per capita cost of these hospitals may be misleading because that percentage varied considerably from province to province.

Table 10 shows that the largest cost component was salaries, 67.2 per cent of the total. This item has been increasing more rapidly than the other components, reflecting

TABLE 7 - NUMBER OF SEPARATIONS (EXCLUDING NEWBORN)  
FROM REPORTING HOSPITALS LISTED IN HOSPITAL  
INSURANCE AGREEMENTS WITH RATES PER 1,000  
POPULATION, CANADA AND PROVINCES, 1968

| Province              | Number of<br>hospitals<br>reporting | Separations |                                 |
|-----------------------|-------------------------------------|-------------|---------------------------------|
|                       |                                     | Number      | Rate per<br>1,000<br>population |
| Newfoundland          | 47                                  | 74,970      | 148                             |
| Prince Edward Island  | 9                                   | 18,973      | 173                             |
| Nova Scotia           | 48                                  | 119,891     | 158                             |
| New Brunswick         | 41                                  | 112,227     | 180                             |
| Quebec                | 268                                 | 806,845     | 136                             |
| Ontario               | 305                                 | 1,130,487   | 155                             |
| Manitoba              | 100                                 | 178,975     | 184                             |
| Saskatchewan          | 156                                 | 204,593     | 213                             |
| Alberta               | 155                                 | 320,788     | 210                             |
| British Columbia      | 116                                 | 350,863     | 175                             |
| Yukon                 | 5                                   | 2,967       | 198                             |
| Northwest Territories | 29                                  | 7,462       | 241                             |
| Canada                | 1,279                               | 3,329,041   | 161                             |



TABLE 8 - EMPLOYEES IN REPORTING HOSPITALS LISTED IN  
HOSPITAL INSURANCE AGREEMENTS<sup>(a)</sup>, CANADA AND  
PROVINCES, DECEMBER 31st, 1968

| Province              | Number of<br>hospitals<br>reporting | Number of employees |           |
|-----------------------|-------------------------------------|---------------------|-----------|
|                       |                                     | Full-time           | Part-time |
| Newfoundland          | 47                                  | 4,993               | 322       |
| Prince Edward Island  | 9                                   | 905                 | 108       |
| Nova Scotia           | 48                                  | 7,928               | 1,279     |
| New Brunswick         | 41                                  | 7,103               | 765       |
| Quebec                | 268                                 | 69,738              | 10,093    |
| Ontario               | 305                                 | 81,257              | 16,027    |
| Manitoba              | 100                                 | 10,528              | 2,630     |
| Saskatchewan          | 156                                 | 10,380              | 1,932     |
| Alberta               | 155                                 | 18,361              | 3,236     |
| British Columbia      | 116                                 | 18,450              | 2,941     |
| Yukon                 | 5                                   | 153                 | 7         |
| Northwest Territories | 29                                  | 372                 | 72        |
| Canada                | 1,279                               | 230,168             | 39,412    |

(a) Excludes trainees; includes 169 full-time and 8 part-time technicians employed by public-health laboratories and cancer clinics.

TABLE 9 - REVENUE FUND EXPENDITURES OF REPORTING BUDGET REVIEW  
HOSPITALS, CANADA AND PROVINCES 1968

| Province              | Number of<br>hospitals<br>reporting | Total<br>expenditures | Expenditures<br>per<br>patient-day (a) | Expenditures<br>per<br>capita |
|-----------------------|-------------------------------------|-----------------------|--|-------------------------------|
|                       |                                     | \$'000's              | \$                                     | \$                            |
| Newfoundland          | 46                                  | 36,824                | 44.90                                  | 72.63                         |
| Prince Edward Island  | 9                                   | 5,900                 | 31.62                                  | 53.64                         |
| Nova Scotia           | 47                                  | 57,124                | 45.20                                  | 75.16                         |
| New Brunswick         | 40                                  | 47,534                | 39.64                                  | 76.18                         |
| Quebec                | 183                                 | 495,250               | 50.05                                  | 83.56                         |
| Ontario               | 227                                 | 652,801               | 47.15                                  | 89.35                         |
| Manitoba              | 82                                  | 72,894                | 39.88                                  | 75.07                         |
| Saskatchewan          | 144                                 | 74,098                | 38.07                                  | 77.19                         |
| Alberta               | 145                                 | 132,997               | 37.47                                  | 87.15                         |
| British Columbia      | 100                                 | 146,193               | 40.95                                  | 72.84                         |
| Yukon                 | 2                                   | 222                   | 89.87                                  | 14.80                         |
| Northwest Territories | 2                                   | 661                   | 41.15                                  | 21.33                         |
| Canada                | 1,027                               | 1,722,498             | 45.18                                  | 83.03                         |

(a) Excludes the newborn.

TABLE 10 - REVENUE FUND EXPENDITURES OF REPORTING BUDGET  
REVIEW HOSPITALS BY TYPE OF ACCOUNT, CANADA, 1968

| Item                             | Total<br>expenditures | Expenditures<br>per<br>patient-day (a) | Expenditures<br>per<br>capita (b) | Percentage<br>distribution |
|----------------------------------|-----------------------|--|-----------------------------------|----------------------------|
|                                  | \$ '000 's            | \$                                     | \$                                | \$                         |
| Salaries and wages               | 1,157,297             | 30.36                                  | 55.79                             | 67.2                       |
| Medical and surgical<br>supplies | 52,876                | 1.39                                   | 2.55                              | 3.1                        |
| Drugs                            | 56,768                | 1.49                                   | 2.74                              | 3.3                        |
| Raw Food                         | 68,814                | 1.80                                   | 3.32                              | 4.0                        |
| Other Expenses (c)               | 386,742               | 10.14                                  | 18.64                             | 22.4                       |
| Total                            | 1,722,497             | 45.18                                  | 83.03                             | 100.0                      |

(a) Excludes the newborn.

(b) Based on intercensal estimates.

(c) Includes electricity, maintenance, services, repairs, interest, depreciation, rent, and other supplies.



increased staff-patient ratios, increases in salaries generally, and the greater use of specially skilled personnel that modern hospital care requires.

Tables 11 and 12 are based on patients who left hospital in 1968. Table 11 shows how often people are in hospital (separations per 1,000 population), how much hospital care people use (days in hospital since admission per 1,000 population), and the average length of hospital stay, for different age-groups and by sex. Table 12 shows the same statistics as Table 11, by diagnostic category.

#### Subsection 5 - Dominion Council of Health

The Dominion Council of Health, established in 1919, advises the Minister of National Health and Welfare on matters relating to the promotion and preservation of the health of the people of Canada. It meets twice a year and consists of the Deputy Minister of National Health, who acts as chairman, the chief health officer of each province, and up to five persons whom the Governor-in-Council appoints for a period of three years. Traditionally, these are chosen from the fields of agriculture, medical science, and organized labour, and from women's organizations.

The Council is supported by special advisory committees who deal with specific aspects of public health. Their members are appointed by Order in Council.

#### Subsection 6 - Environmental Health

##### Environmental health.

Environment is the sum of all social, biological, physical, and chemical factors that make up man's surroundings, and deterioration and modification of the quality of that environment has emphasized the need for assessing the health implications and for developing and stimulating the use of methods to control or eliminate harmful factors.

TABLE 11 - SEPARATIONS AND DAYS OF CARE SINCE ADMISSION: RATES PER 1,000 POPULATION;  
AND AVERAGE LENGTH OF STAY; FOR PATIENTS(a) INSURED BY PROVINCIAL PLANS,  
BY SEX AND AGE, CANADA, 1968

| Item   | 0-4<br>years | 5-14<br>years | 15-24<br>years | 25-44<br>years | 45-59<br>years | 60-64<br>years | 65-74<br>years | 75 years<br>and over | All Ages |
|--|--------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------------|----------|
| Separations per 1,000<br>population(b)                         |              |               |                |                |                |                |                |                      |          |
| Male   | 206          | 88            | 74             | 90             | 155            | 228            | 294            | 440                  | 131      |
| Female   | 160          | 78            | 220            | 237            | 177            | 199            | 245            | 356                  | 187      |
| Both sexes   | 184          | 83            | 147            | 163            | 166            | 213            | 268            | 393                  | 159      |
| Days in hospital since<br>admission per 1,000<br>population(b) |              |               |                |                |                |                |                |                      |          |
| Male   | 1,672        | 526           | 612            | 907            | 2,169          | 3,863          | 6,131          | 11,996               | 1,653    |
| Female   | 1,319        | 448           | 1,411          | 1,944          | 2,384          | 3,576          | 5,545          | 13,001               | 2,142    |
| Both sexes   | 1,500        | 488           | 1,008          | 1,422          | 2,277          | 3,718          | 5,821          | 12,558               | 1,897    |
| Average length of stay<br>(days)                               |              |               |                |                |                |                |                |                      |          |
| Male   | 8.1          | 6.0           | 8.2            | 10.1           | 14.0           | 16.9           | 20.9           | 27.3                 | 12.6     |
| Female   | 8.3          | 5.7           | 6.4            | 8.2            | 13.5           | 18.0           | 22.6           | 36.5                 | 11.5     |
| Both sexes   | 8.2          | 5.9           | 6.9            | 8.7            | 13.7           | 17.4           | 21.7           | 31.9                 | 12.0     |

(a) Excludes the newborn.

(b) Based on intercensal estimates.

Source: Data provided by provincial hospital authorities.

TABLE 12 - DIAGNOSES OF PATIENTS (a) INSURED BY PROVINCIAL PLANS (b), CANADA, 1968

| Section of the International Classification of Diseases                      | Separations |                           | Patient-days since admission |                           | Average length of stay (days) | Percentage distribution |              |
|--|-------------|---------------------------|------------------------------|---------------------------|-------------------------------|-------------------------|--------------|
|  | Number      | Rate per 1,000 population | Number                       | Rate per 1,000 population |                               | Separations             | Patient-days |
| I. Infective and parasitic diseases  | 40,558      | 2.0                       | 530,143                      | 25.6                      | 13.1                          | 1.2                     | 1.4          |
| II. Neoplasms  | 196,842     | 9.5                       | 3,562,143                    | 171.7                     | 18.1                          | 6.0                     | 9.2          |
| III. Allergic, endocrine system, metabolic, and nutritional diseases         | 99,063      | 4.8                       | 1,580,005                    | 76.2                      | 15.9                          | 3.0                     | 4.1          |
| IV. Diseases of the blood and blood-forming organs                           | 19,383      | 0.9                       | 292,698                      | 14.1                      | 15.1                          | 0.6                     | 0.8          |
| V. Mental, psychoneurotic, and personality disorders                         | 105,001     | 5.1                       | 1,882,475                    | 90.7                      | 17.9                          | 3.2                     | 4.9          |
| VI. Diseases of the nervous system and sense organs                          | 176,514     | 8.5                       | 4,375,837                    | 210.9                     | 24.8                          | 5.4                     | 11.3         |
| VII. Diseases of the circulatory system                                      | 285,945     | 13.8                      | 5,821,376                    | 280.6                     | 20.4                          | 8.7                     | 15.0         |
| VIII. Diseases of the respiratory system                                     | 510,374     | 24.6                      | 3,410,115                    | 164.4                     | 6.7                           | 15.6                    | 8.8          |
| IX. Diseases of the digestive system   | 446,803     | 21.5                      | 4,558,114                    | 219.7                     | 10.2                          | 13.7                    | 11.8         |
| X. Diseases of the genito-urinary system                                     | 291,427     | 14.0                      | 2,580,377                    | 124.4                     | 8.9                           | 8.9                     | 6.7          |
| XI. Deliveries and complications of pregnancy, childbirth and the puerperium | 490,172     | 23.6                      | 2,840,201                    | 136.9                     | 5.8                           | 15.0                    | 7.3          |
| XII. Diseases of the skin and cellular tissue                                | 56,307      | 2.7                       | 561,480                      | 27.1                      | 10.0                          | 1.7                     | 1.4          |
| XIII. Diseases of the bones and organs of movement                           | 123,418     | 5.9                       | 2,198,615                    | 106.0                     | 17.8                          | 3.8                     | 5.7          |
| XIV. Congenital malformations  | 34,590      | 1.7                       | 500,519                      | 24.1                      | 14.5                          | 1.1                     | 1.3          |
| XV. Certain diseases of early infancy  | 10,867      | 0.5                       | 139,856                      | 6.7                       | 12.9                          | 0.3                     | 0.4          |
| XVI. Symptoms, senility, and ill-defined conditions                          | 91,503      | 4.4                       | 688,122                      | 32.2                      | 7.3                           | 2.8                     | 1.7          |
| XVII. Accidents, poisonings, and violence                                    | 289,051     | 13.9                      | 3,281,309                    | 158.2                     | 11.4                          | 8.8                     | 8.5          |
| All diagnoses  | 3,267,818   | 157.5                     | 38,783,395                   | 1,869.4                   | 11.9                          | 100.0                   | 100.0        |

(a) Excludes the newborn and certain special cases, such as examinations, inoculations, fittings, etc.  
(Y00-Y18, Y40-Y88 of the International Classification of Diseases).

(b) Some provinces included cases that were not paid for under their plans. Others excluded insured cases where the patients were treated outside the province. Saskatchewan excluded data from four geriatric hospitals.



As technological advances continue, there is an ever-increasing injection of man-made products into the air, water and soil environment, usually as waste or by-products and often at low concentrations, and many of these pollutants are known to affect health. The relationship between deleterious pollutants and their effects on health depends on such factors as their concentration and the duration of exposure. Of particular importance are the possibility of some or total recovery between periods of exposure, the variability in susceptibility to disease from individual to individual, and effects associated with simultaneous or superimposed exposure to two or more pollutants. The considerable evidence of potential long-term serious consequences of environmental pollution on health justifies the present concern and the need for increased activity.

Programs to protect workers in their occupational environments have been carried on by occupational health officials for a number of years but it is only recently that health officials have been directing their attention to health hazards in the general environment. For example, although there is a long history of activities concerned with the health effects of noise in the industrial and agricultural environment, attention is now being focused also on the health effects of community noise.

The various agencies in Canada concerned about environmental health are in the process of developing and implementing programs to assess and determine the health effects and to assess and control the levels of air and water pollution, radiation, industrial toxicants, and other factors of the general, occupational, and home environments known to be, or suspected of being, deleterious to human health. The complexity of their task requires the work of specialists in a variety of disciplines falling within the broad spectrum of physical, life, and engineering sciences and the co-operative efforts of governments and other agencies. Individual tasks include field surveys and interpretation of air and water pollution, research into health effects and their causes from all kinds of toxicants, development of guides and standards for pollutants such as chemicals and other hazards in both the working and general environment, and the specifying of health and safety standards for radiation-emitting devices.

The federal government discharges its responsibilities in environmental health through the Environmental Health Directorate of the Department of National Health and Welfare by providing regulatory authorities with the most authoritative assessments of the effect of environmental factors on human health and carrying out its statutory activities in the related fields of radiation protection and occupational hygiene.

Seven of ten provinces have agencies in their health departments to deal with occupational and environmental health problems. As with the Federal Government, there is a close liaison between the health officials and officials responsible for assessment and control of the environment. Co-ordination of the many activities within provinces and between the provinces and the federal government is usually provided by advisory boards and committees.

### Section 3 - Provincial and Local Health Services

Provincial governments are primarily responsible for health measures to prevent disease and improve the health standards of the community. These comprise preventive health services, hospital services, treatment services for tuberculosis, mental illness, and other diseases, and rehabilitation and care of the chronically ill and disabled. They are usually administered by the provincial health department or other official agency in co-operation with the hospitals and voluntary health organizations, the health professions and the teaching and research institutions.

Although the pattern of services is similar, provincial health organization, financing, and administration vary to some degree. Most health functions are exercised by the provincial health departments, but in some provinces, certain programs such as hospital insurance, medical care insurance, tuberculosis control, cancer control, and alcoholism programs are administered by separate public agencies directly accountable to the minister of health. Voluntary organizations also provide specialized health services, often with some support from tax funds in the form of payment for services or support grants.

The provincial health departments carry out overall planning and direction of public health programs, administer certain specialized health programs, and assist through technical and financial aid the regional or local health units and city health departments that have been delegated responsibility for the basic public health services. The health district or unit may be administered directly by the provincial health departments, by a local health board accountable to it (or jointly with it), while city health departments are administered by municipal or metropolitan boards of health. Several provincial health departments also directly administer health services to northern unorganized territories. The nucleus staff of a local health unit or department usually is composed of a full-time medical officer of health, a number of public health nurses, and a public health inspector.

Local programs to safeguard community health are concerned with environmental sanitation to ensure safe water, milk, and other foods, prevention and control of infectious diseases through use of vaccines and prophylactics, improvement of maternal and child health and dental health, registration of vital statistics, and health education and counselling. In addition, the larger city health departments have developed specialized services in such areas as mental health, home care, and rehabilitation of the chronically ill and the handicapped. A few health units and departments in most provinces have started health screening for chronic conditions and family planning clinics. The city health departments participate with the provincial authorities in accident prevention and in measures to control air, water, and soil pollution.

Provincial health departments support the local health services by grants-in-aid and the provision of technical consultant and research services. Most of the mental and tuberculosis hospitals and clinics are provincially operated, as are treatment services for the venereal diseases, cancer, alcoholism, and other specific diseases, and the public health laboratories that aid both the health agencies and practising physicians in diagnostic and control procedures. The provincial agencies are primarily responsible for the collection and analysis of vital statistics and the study of the epidemiological and related social and economic conditions that affect health. They also give leadership in such fields as occupational health, nutrition, health education, and pollution problems, in collaboration with national health agencies. In order to maintain



and improve health services, the provincial health departments recruit and train professional and technical personnel for the health fields and support public health research.

### Subsection 1 - Public Health Services

#### Occupational health.

Services designed to prevent accidents and occupational diseases and to maintain the health of employees are the common concern of provincial health departments, labour departments, workmen's compensation boards, and industrial management. Provincial agencies regulate working conditions and offer consultant and educational services to industry. All provinces have legislation (factory acts, shop acts, mines acts, workmen's compensation acts) setting standards for health safety and accident prevention on the job. Most provinces maintain environmental health laboratories that study industrial health problems such as the effects of noise and air conditions on workers.

#### Communicable disease control.

The larger provincial health departments have separate divisions of communicable disease control headed by full-time epidemiologists whereas in the smaller provinces this function is combined with one or more community health services. Local health authorities organize public clinics for immunization against diphtheria, tetanus, poliomyelitis, whooping cough, smallpox, and measles. They also engage in case-finding and diagnostic services in co-operation with public health laboratories and private physicians. Special services for tuberculosis and venereal disease are noted on pages 40 and 42.

#### Health education.

Most provincial health departments have a division or unit of health education under a full-time professional "health educator" to promote public knowledge of health needs and measures. This division provides education materials to other divisions of the health department, to local health authorities, to voluntary associations, and to individuals. Many educational activities are directed to accident prevention and to reducing

habits harmful to health, such as cigarette smoking and the excessive use of alcohol and other drugs. All health workers carry out health education as part of their normal activities.

### Public health laboratories.

All provinces maintain a central public health laboratory and most have branch laboratories to assist local health agencies and the medical profession in the protection of community health and the control of infectious diseases. Public health bacteriology (testing of milk, water, and food), diagnostic bacteriology, and pathology are the principal functions of the laboratory service, with medical testing for physicians and hospitals steadily increasing in volume.

### Maternal and child health.

Public health nurses employed by the local health services carry out preventive health services to mothers, newborns, and children through clinics, home and hospital visits, and school health services. All provincial health departments have established maternal and child health consultant services that co-operate with the public health nursing services. The maternal and child health services also undertake studies in maternal and child care, including hospital care, and assist in the training of nursing personnel.

### Nutrition.

Provincial health departments and some city health departments employ consultants in nutrition to extend technical guidance and education to health and welfare agencies, nursing homes and other care institutions and hospitals. They also provide diet counselling to selected patient groups such as diabetics and conduct nutritional surveys and other research.

### Dental health.

Provincial dental public health programs have been largely preventive, but increasing emphasis is now being given to dental care. Dental clinics conducted by local health services are generally restricted to pre-school and younger school-age groups. A number of provinces send dental teams to remote areas and subsidize resident dentists to practise in areas

lacking such services, while the four western provinces have dental care schemes of varying coverage for welfare recipients. Other dental health programs are directed to the training of dentists and dental hygienists, the conduct of dental surveys, and the extension of water fluoridation.

## Subsection 2 - Mental Health Services

Mental health services in Canada are organized as part of provincial health services. Each province employs a director of mental health services, usually a psychiatrist, and one or more consultants in psychiatric nursing, clinical psychology, social work, occupational therapy or special education and also one or more psychiatrists specializing in paediatrics, geriatrics, mental retardation, alcoholism and drug addiction, or other related fields. As public health officers, the mental-health directors are responsible for the development of programs aimed at prevention of mental disease and for the general promotion of mental health, on their own and in co-operation with welfare, education, manpower, labour, and justice departments. As psychiatrists, they are responsible for development and supervision of the various health facilities for the treatment of people who suffer from mental or emotional disorders including disorders of character and behaviour, the mentally retarded, people with damage to the nervous system, alcoholics, and drug addicts.

Mental health services differ in detail and stage of development from province to province; all are being extended and improved to take advantage of the best methods of treatment and prevention. The traditional pattern of long-term care of the mentally ill and retarded in large isolated mental hospitals and in hospitals for mentally defectives is giving way to new patterns of care designed to cure the afflicted or, failing that, to provide for them living and working environments that will enable them to lead reasonably normal lives.

The mental hospitals now place less emphasis on custodial care and more on intensive psychiatric treatment. They admit voluntary patients who receive much the same care and treatment as they would receive as patients in a general hospital. Many of those who would not profit from intensive psychiatric



treatment -- the severely retarded and people with severe mental deterioration -- are supported under welfare auspices in sheltered workshops, nursing homes, or foster homes, and continue to receive medical care. In addition to the mental hospitals, some special "psychiatric" hospitals provide intensive psychiatric care over short periods, and psychiatric units and out-patient psychiatric departments are being established in large general hospitals. Local authorities or provincial health departments operate mental-health clinics in most large cities and travelling clinics visit suburban and rural areas. Psychiatric hospitals and mental-health clinics are establishing more day-care and night-care facilities through which some patients receive part-time hospital care and therapy during the day and go home at night and others go to work during the day and return to hospital in the evening for treatment.

Extending mental-health services into the community aims at preventing severe mental and emotional breakdowns and at reducing the number of people requiring treatment in institutions. Under the terms of the federal-provincial medical care legislation, in effect in all provinces and the Northwest Territories in 1971, the services of private psychiatrists should become more widely available. Through early diagnosis and treatment in a mental-health clinic or out-patient department of the hospital in the patient's neighbourhood, he may continue to live at home and pursue his normal occupation while receiving treatment.

Special centres have been established for the study and treatment of alcoholism and drug addiction, criminal psychopathy, psychiatric disorders in children, brain injuries, and other neurological disorders. Studies recently instigated by the federal government in these and related areas have included a survey of residential and in-patient services for emotionally disturbed children and the appointment of the Commission of Inquiry into the Non-Medical Use of Drugs. The interim report of its findings and recommendations was tabled in the House of Commons on June 19, 1970. In addition, the provinces are amending the pertinent legislation in order to guarantee the rights of the mentally ill, the emotionally disturbed, and the intellectually retarded.

The continuing efforts by provincial health departments to provide more and better mental-health services reflect growing enlightenment about mental health on the part of the medical profession, the general public, and government agencies. Improvement in the care of psychiatric patients has been fostered by activities of voluntary organizations such as the Canadian Mental Health Association and the Canadian Association for the Mentally Retarded; by the professional advice of the Canadian Medical Association and the Canadian Psychiatric Association; by the national health grants and the national welfare grants for new services, professional training, and scientific research; and through the information programs of the Mental Health Division of the Department of National Health and Welfare.

In the field of mental retardation, the federal government instituted a Mental Retardation Grant in 1967-68 over a five-year period to support health and welfare demonstration and research projects conducted by voluntary agencies for the mentally retarded. The amount allocated to this grant was \$500,000 annually for the period 1967-68 to 1969-70, and \$400,000 in 1970-71 and 1971-72. Mental health research funds allocated under the Public Health Research Grants amounted to \$617,000 in 1970-71 and \$525,000 in 1971-72.

### Subsection 3 - Services for Specific Diseases or Disabilities

#### Tuberculosis and respiratory diseases.

New active cases of tuberculosis in Canada in 1969 numbered 4,438 or 21 per 100,000, and in 1970 the total was 3,920, or 18 per 100,000 population. Reactivated cases reached 680 in 1969 and 620 in 1970. Deaths again decreased, from 630 in 1968 to 526 in 1969. It is estimated that more than half of the Canadian population aged 55 years and over are positive reactors who harbor the tubercle bacillus; most active cases arise from reactivations of the disease among this group. North American Indians, Métis, and Eskimos experience much higher morbidity and mortality rates for tuberculosis and other respiratory diseases than do the rest of the Canadian population.

Provincial health departments, assisted by voluntary agencies, conduct anti-tuberculosis case-finding programs through community tuberculin-testing and X-ray surveys, with special attention to high-risk groups, routine hospital admission X-rays, and follow-up of arrested cases. However, practising physicians detect the greatest number of new cases.

B.C.G. vaccine, estimated to be effective for 80 per cent of those vaccinated, is used in most provinces to protect high risk groups. Quebec and Newfoundland routinely immunize children and in the Yukon B.C.G. is routinely administered to all newborn. Treatment, including hospital care, drugs and rehabilitation services, is free in all provinces. Chemotherapy has shortened hospital stay and facilitated out-patient or domiciliary care.

An annual federal grant of \$20,000 is made to the Canadian Tuberculosis and Respiratory Diseases Association to improve the quality and efficiency of health services. Because tuberculosis and other respiratory diseases still present serious health problems, research into the characteristics of afflicted persons, as well as research into the nature and treatment of respiratory diseases, is supported under the Public Health Research Grant (estimated at \$202,600 in 1970-71), while related research is also carried out within the Department of National Health and Welfare. Other agencies known to be supporting research in this field in 1970-71 are the Canadian Tuberculosis and Respiratory Diseases Association (\$86,000 plus \$32,000 for four scholarships), the Ontario Thoracic Society (\$125,000), the Muskoka Hospital Memorial Research Fund (\$59,875), and the British Columbia Tuberculosis Christmas Seal Society (\$55,025).

The National Tuberculosis Reference Centre in Ottawa was opened in 1968 to establish uniform standards in testing for resistance to anti-tuberculosis drugs.

### Cancer.

Cancer in 1969 accounted for 19.2 per cent of all deaths in Canada, and the standardized cancer death rate increased to 140.7 (156.0 for males and 125.2 for females). It is estimated that in Ontario, for example, one in every three residents may expect to develop some form of cancer. In Canada, cancer ranks



second highest as a cause of death; and over 91 per cent of the deaths from cancer occur after 45 years of age. Special provincial agencies for cancer control, usually in the health department or a separate cancer institute, carry out cancer detection and treatment, public education, professional training, and research in co-operation with local public health services, physicians, and the voluntary Canadian Cancer Society branches. Although the provisions are not uniform, all cancer programs provide a range of free diagnostic and treatment services, to both out-patients and in-patients, that is financed by the hospital insurance programs or the federal-provincial cancer control grants. Hospital insurance benefits for cancer patients include diagnostic radiology, laboratory tests, and radiotherapy. The cancer control programs in Saskatchewan and New Brunswick also pay for medical and surgical services; in most provinces these costs are covered under the public medical care insurance schemes.

#### Venereal diseases.

Because of under-reporting, public health authorities consider the prevalence of venereal disease to be much higher than the number of cases recorded. In 1970 there were 2,501 cases of syphilis and 31,544 cases of gonorrhea reported in Canada. In 1968, venereal diseases continued to head the list of reported notifiable diseases, with a combined rate of 119.3 cases per 100,000 population; the rate for syphilis was 10.8 cases per 100,000, and for gonorrhea, 108.6 cases per 100,000. In 1969, the combined rate rose to 140.4 cases per 100,000; the syphilis rate recorded was 11.4 cases per 100,000, and the rate for gonorrhea was 129.0 cases per 100,000. Fifteen per cent of all new cases of infectious venereal disease were reported among persons aged 15-19 years.

The real impediments to control of venereal disease are attitudes and behaviour patterns that permit cases to go untreated and contacts unlocated. Provincial health departments operate clinics which provide free diagnostic and treatment services, and in some areas the departments pay private physicians to provide free treatment to indigents. In addition, the provinces supply free drugs to physicians for treating private cases. Local departments of health carry out casefinding, follow-up of contacts and maintain health education programs.

## Alcoholism.

In all provinces, health departments or other official agencies administer programs for the prevention and control of alcoholism, including public education and related studies. Conservative estimates place the number of Canadians currently requiring these services at 270,000, if a clinical definition of alcoholism is used. Treatment services available are mainly for out-patients but, with the increasing awareness of need, most provinces have expanded facilities for in-patient services. Other facilities operated by official and voluntary agencies include hostels and special farms or prison centres for chronic offenders with drinking problems. In several provinces, alcoholics are treated in detoxication wards rather than in jails. Provincial alcoholism agencies in Ontario, Quebec, and Saskatchewan have broadened their programs to include other addictions, and British Columbia supports a separate narcotic addiction foundation. Because addictions are widely prevalent, street clinics, hospitals, mental health services, and other public and voluntary health and social agencies are also involved in their diagnosis and treatment.

## Other diseases or disabilities.

Many services for persons with chronic disabilities, such as heart disease, arthritis, diabetes, visual and auditory impairments, and paraplegia have been initiated by voluntary agencies assisted by federal and provincial funds. Today, treatment for specific conditions is available at hospital out-patient clinics and in-patient or day centres, at separate clinics and rehabilitation centres and under home care programs (see page 58).

### Subsection 4 - Public Medical Care Programs

Prior to the establishment of government-administered medical insurance in all provinces over the last few years, prepayment arrangements to cover the cost of physicians' services, mainly voluntary as regards enrolment, had developed rapidly in both the public and the private sectors.

By the end of 1968 basic medical or surgical coverage, or both, was being provided to about 17,167,000 Canadians, representing 82.0 per cent of the total population. At the

end of 1969, when public medical care programs were operating in seven provinces, insurance for physicians' services covered 18,885,000 or 88.8 per cent of the population. Public plans then accounted for coverage of 70.8 per cent of the total population or 15,058,000 persons (up by 8,797,000 over the previous year) and private plans for coverage of 18.0 per cent of the population. By April 1971 virtually the entire population, of slightly over 21 million, was covered under public auspices.

The four criteria for acceptability set out in the federal legislation leave each province with substantial flexibility in determining the administrative arrangements for the operation of its medical care insurance plan and in choosing the way in which its plan will be financed, e.g., through premiums, sales tax, other provincial revenues, or by a combination of methods.

In addition to the comprehensive physicians' services which must be provided as insured benefits by participating provinces, most plans also make provision for other health-care benefits that are part of the basic contract but towards the cost of which the federal government does not contribute. Refraction services by optometrists are included in most provincial plans. A restricted volume of services provided by such practitioners as chiropractors, podiatrists, osteopaths, and naturopaths may also be insured. Residents may, if they wish, continue to seek insurance protection, generally from private voluntary agencies, for such additional services as dental care, special duty nursing, and prescribed drugs.

Five of the eleven provincial and territorial medicare plans finance their portions of total costs from general revenues only and there is thus virtually no direct cost to families apart from extra-billing that doctors may in some instances impose. Five plans employ premiums to help finance their shares of costs and one uses a payroll tax. Typically, premiums are paid for welfare recipients, and various devices are used to keep the financial burden low for families that are poor but just above the poverty line entitling them to welfare assistance. The premium itself is kept low in Saskatchewan and Manitoba. The problem of minimizing the burden is approached differently in Ontario, Alberta and British Columbia: premium levies are



relatively high in their programs, but subsidies are available to reduce the cost of premiums to families and individuals with little or no taxable income in the preceding year.

Modes of paying doctors can also have an effect upon how much of the total cost of physicians' services continues to be borne directly by patients. In Saskatchewan, Manitoba, and Newfoundland, an undertaking by the doctor to submit his bill directly to the insuring authority for payment carries with it a requirement, usually, that the amount paid (i.e., typically 85 or 90 per cent of the fee for the services, as specified in the fee schedule of the provincial medical association) represents payment in full for the service. The mode of direct-billing-to-public-authority does permit, everywhere except in Quebec, extra billing provided the doctor indicates his intention to the patient beforehand. In some instances the extra-billing physician is also required to obtain prior written agreement from the patient, and to notify the public authority of the extra charge. In Quebec participating doctors receive their entire remuneration from the public authority and cannot extra-bill.

In all provinces a doctor electing, alternatively, to submit his bill to the patient, rather than to the public authority, for payment may legally charge the patient extra amounts. In Quebec, doctors who elect not to participate must collect all accounts from patients, and such patients are not reimbursed in any way by the public authority. Elsewhere, the patient will be reimbursed by the insuring authority, but only on the basis of what the authority defines as the approved fee. Even under these circumstances the physician is required in most provinces to advise the patient, before rendering a service, that he intends to charge in excess of the amount of the reimbursement that the patient can expect from the authority. Notwithstanding these various arrangements it is believed that doctors typically waive the right to collect extra amounts from low income patients.

Not all aspects of private insurance for physicians' services were phased out after 1968. In Saskatchewan two non-profit private plans continued as fiscal intermediaries to transmit claims and payments between physicians and the public insurance administration. In Ontario, British Columbia, and Nova Scotia, certain private insurance agencies continued as non-profit carriers

performing administrative functions such as enrolment, checking eligibility, and paying claims, on behalf of or under the supervision of the public insurance authority. In other provinces the tendency was to absorb the administrative apparatus of the private agency into the public authority.

Whether integrated or not into the public insurance authority as regards physicians' services insurance, several private plans have continued to offer policies to protect against the costs of prescribed drugs, private-duty nursing care, services of paramedical personnel, and other services not yet covered by the government plans.

Each of the eleven plans in operation is described briefly in the paragraphs that follow, in chronological order of entry into the national program. Although most doctors are paid on a fee-for-service basis, alternative or additional arrangements include salary, sessional payments, contract service, capitation, and incentive pay.

The program descriptions relate to operations, in most provinces, of the principal agency making payments for physicians' services. Such agencies do not represent the total public involvement in medical care since payments may also be made by workmen's compensation boards, by hospital insurance administrations, or, for certain groups excluded from the coverage provided by the provincial agencies, by the federal or other jurisdictions responsible.

### Saskatchewan

This program, introduced in July 1962, requires enrolment of the entire eligible population. The premiums are compulsory and amount to \$24 per year for a family and \$12 per year for a single person; they cover only a small portion of the program costs. Welfare recipients are automatically covered and no premium payment is required for them.(1)

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(1) Legislative changes abolished, as of January 1, 1972, premium-payment requirements for family heads 65 years of age or over.

The program description here is confined to the operations of the Medical Care Insurance Commission, which is the principal administering agency for the overall provincial public authority concerned with prepaid medical care. The Commission makes payments to doctors for the bulk of the services provided under the Plan. A segment of the population obtains its insured services under terms and conditions identical to those of the Commission, by way of the separate administering agency known as the Swift Current Health Region. Also, the provincial authority arranges for payment for care in mental and tuberculosis institutions and for cancer control.

In the program of the Commission, medical benefits include home, office and hospital visits, surgery, obstetrics, psychiatric care outside mental hospitals, anaesthesia, laboratory and radiological services, preventive medicine, and certain services provided by dentists. There are no waiting periods for benefits and no exclusions for reasons of age or pre-existing health conditions. Refractions by optometrists are also an insured benefit.

The Commission pays for approved services on the basis of 85 per cent of the fees listed in the physicians' fee schedule.<sup>(1)</sup> Utilization charges, formerly imposed, were abolished by legislation, effective August 1, 1971.

Physicians may elect to receive payment in three ways. First, the physician may receive directly from the public authority payment of 85 per cent of the tariff in the current fee-schedule of the medical association, and accept this payment as payment in full. Secondly, patients and physicians may enrol voluntarily with an "approved health agency" that serves as intermediary, with respect to payment, between the public authority and the physicians; here also the physician receives 85 per cent of the tariff. Thirdly, a physician may

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(1) Effective August 1, 1970, the basis of payment was changed to 100 per cent of the 1968 fee schedule for most office and home visits, and upward revisions were made in payments relating to X-ray interpretations and fees in anaesthesia.



elect to submit his bill directly to the patient who pays him either before or after seeking reimbursement from the public authority; the physician may bill the patient directly for amounts over and above what the public authority has paid. No physician is compelled to confine himself to one or another of these modes of payment. Physicians in 1970 submitted 51.5 per cent of the total 3,165,000 claims received; approved agencies 40.5 per cent; patients 5.2 per cent; and optometrists 2.8 per cent.

### British Columbia

The province became a participant under the federal Medical Care Act on July 1, 1968. The plan is governed by a public commission with jurisdiction over a number of "licensed carriers", which are non-profit agencies charged with responsibility for day-to-day management of the separate components of the program. In addition to physicians' services and a limited range of oral surgery in hospital, the benefits include refractions by optometrists, some orthoptic services, limited physiotherapy, special nursing, chiropractic, and naturopathy.

Participation in the program is voluntary. Premiums are \$5.00 a month for single persons, \$10.00 a month for two-person families, and \$12.50 a month for families of three or more. For eligible residents, the government offers subsidies amounting to 90 per cent of the premium for persons with no taxable income and 50 per cent of the premium for persons with taxable income from \$1 to \$1,000. Welfare recipients are automatically covered without payment of premium.

Payment is made at 90 per cent of the current fee schedule. Physicians either bill patients for services rendered or accept payments directly from a licensed carrier. In the former case the physician has to notify the patient in writing before rendering a service that he is a non-participating physician, and the patient has to agree in writing that he is prepared to pay more than the amount of reimbursement that he may receive from the public authority. In the latter case, the physician may also charge a fee in excess of the tariff, provided the patient has been duly notified, he agrees in writing to the extra charge, and the amount of the extra charge is made known to the Commission.

## Newfoundland

This province, together with Nova Scotia and Manitoba, became a participant on April 1, 1969. The Plan covers all medically-required services by doctors, plus a limited range of oral surgery in hospital. Refractions by optometrists are not a benefit. All eligible residents are covered and there are no premium levies; the provincial portion of total costs for insured services is met from general revenue.

Benefit payments are limited to 90 per cent of the fee schedule. Physicians must formally select, and use exclusively, one of the modes of payment available. A participating physician must accept 90 per cent of the fee schedule amount as payment in full. A non-participating physician may impose additional charges provided he informs the beneficiary that he is not a participating physician and that he reserves the right to charge in excess of the amount payable by the plan.

Traditionally, large numbers of doctors in Newfoundland contracted with the provincial government and with certain voluntary agencies to receive salaries for service in outlying areas; these arrangements are still in force.

## Nova Scotia

Nova Scotia became a participant on April 1, 1969. All eligible residents are covered. Registration is required but there are no premiums, the entire amount of the provincial portion of the costs of insured services being obtained from general revenues. Insured services include all medically necessary procedures by practitioners, plus a limited range of oral surgery procedures in hospitals. Refractions by optometrists are not an insured benefit.

Benefit payments by the plan are made at 85 per cent of the current fee schedule. Physicians must elect either to participate, that is, accept all payments directly from the plan, or not to participate. In either case physicians may extra-bill but they must obtain written consent from the patient prior to rendering the service, and the amount of the extra charge has to be made known to the Commission.

The Nova Scotia plan is administered by a non-profit carrier designated by the public authority as its sole agent with respect to fee-for-service accounts. This agency carries out all functions relating to eligibility checking and the processing and payment of claims, subject to review and audit by the public authority.

### Manitoba

Manitoba began participating under the federal Medical Care Act on April 1, 1969. Enrolment is compulsory for all eligible residents but failure to pay the required premiums is not a barrier to receipt of insured services. Premium levies are \$0.55 per month for single persons and \$1.10 per month for families. Coverage of welfare recipients is automatic without premium payment. There are no premium subsidies.

The insured benefits cover all medically-required services provided by medical practitioners and limited dental surgery in hospitals. Also included, with limitations, are the services of chiropractors and refractions by optometrists.

Physicians may elect to participate in the plan and to accept all payments from the public authority, or they may elect to receive payments direct from all their patients. In the former case, the amount received (85 per cent of the fee schedule) must be accepted as payment in full. A non-participating physician must give a patient "reasonable notice" if he intends to extra-bill.

### Alberta

Alberta became a participating province under the federal Medical Care Act on July 1, 1969, with administration by a Health Care Insurance Commission.

In addition to physicians' services and a limited range of oral surgery, which are cost-shared with the federal government, the Alberta program includes refractions by optometrists, services and appliances provided by a podiatrist, and a limited range of osteopathic services. The combined annual premium of \$69 for single persons and \$138 for families covers both medical and hospital insurance. Subsidies reduce the premiums to \$24



for single persons and to \$48 for families with no taxable income in the previous year; to \$36 for single persons whose taxable income does not exceed \$500; and to \$72 for families whose combined taxable income does not exceed \$1,000.

Registration and payment of applicable premiums are compulsory. Failure to comply makes householders liable, at time of seeking service, for payment of back premium levies, plus a penalty of 10 per cent of the unpaid premium.

Residents objecting in principle to claiming benefits under the program can elect to remain outside the program (i.e. to "opt out") and not be liable for premium payment. For hospital and related care, they are at liberty to obtain private insurance coverage but application of the federal Medical Care Act prevents private carriers from offering insurance for physicians' services.

The plan also offers subscribers the option of purchasing insurance for additional health services (again, with subsidy provisions) from the voluntary Alberta Blue Cross agency. Rates, applicable to non-group enrolees only, are lower than regular non-group coverage offered by this agency, but slightly higher than regular group rates. The optional membership offers coverage for hospital differential charges for semi-private and private ward care, ambulance services, drugs, appliances, home nursing care, naturopathic services, clinical psychological services, and dental care needed because of accidental injury.

Since July 1, 1970, payments to physicians have been made at 100 per cent of the 1969 fee schedule.

### Ontario

Ontario began participating on October 1, 1969. Enrolment is compulsory for persons in specified employed groups and voluntary for others. The insured benefits currently cover all medically-required services of medical practitioners and of oral surgeons in specified hospital settings, refractions by optometrists, and coverage, with limitations, of certain paramedical services offered by chiropractors, osteopaths, and podiatrists.

Payments are made at 90 per cent of the current fee schedule. Physicians may choose various modes of payments but are not required to enter into a formal commitment to confine themselves to any given mode. Regardless of the mode of payment selected, a physician is required to advise the patient of any intention to charge more than is provided under the Plan. These arrangements were under legislative review in late 1971, with the intention of requiring each physician to confine his billing to one of the alternative modes.

Premiums are \$5.90 per month for single persons, \$11.80 per month for two person families, and \$14.75 for families of three or more. Coverage is automatic for welfare recipients and no premium payment is required for them. Subsidies for low-income families modify premiums as follows.

(1) For those with no taxable income in the previous year -- full premium assistance (i.e., 100 per cent subsidy);

(2) For those with some taxable income --

- \$2.95 per month (i.e., 50 per cent subsidy) for single persons if taxable income in previous year was \$500 or less;
- \$5.90 per month (i.e., 50 per cent subsidy) for 2-person families if combined taxable income in previous year was \$1,000 or less;
- \$5.90 per month (i.e., 60 per cent subsidy) for families of 3 persons or more if combined taxable income in previous year was \$1,300 or less.

There are two additional provisions relating to financial aid. Three months' coverage is paid for families qualifying for temporary assistance, and recipients of Old Age Security pensions are entitled to full subsidy of premiums at permissible income levels higher than the ceilings set under the general subsidy program.

The public authority in Ontario makes use of administering agencies, which can be non-profit agencies or commercial insurance companies handling this component of their activities on a non-profit basis. Agencies can be "designated" or "participating"

depending upon their degree of involvement in enrolment and claims-processing functions. Most of their enrolment is of employee and other groups. Additionally, the Ontario Health Services Insurance Plan itself enrolls members and processes claims and covers the majority of non-group and subsidized beneficiaries.

By late 1971, the activities of many of the private carriers were being phased out and their administrative functions were being absorbed into the program of the public carrier.

### Quebec

This province entered the national program on November 1, 1970. Registration of all eligible residents is compulsory and, as with other plans, the benefits include all medically-required physicians' services and also refractions by optometrists, and a limited range of dental services. The medical services are provided for the most part by doctors engaged in private fee practice, and they are paid for on the basis of claims submitted. Doctors who participate receive their entire remuneration, directly or indirectly, from the provincial agency, the Quebec Health Insurance Board, in accordance with a negotiated schedule of benefit payments for each service provided, and they cannot extra-bill. They may choose to be paid directly by the board, or indirectly by the patient, who is reimbursed by the Board. Doctors who choose not to participate must collect all fees (except for emergency care) from the patient, who cannot, as in other provinces, seek reimbursement from the provincial agency. He must pay the entire amount himself.

The provincial portion of costs is met in part from general revenues and in part from an income tax surcharge and special employer contributions. The tax is 0.8 per cent of net income exceeding \$4,000 if married and \$2,000 if single. Maximum annual contribution is \$125 for tax-paying employees who derive at least three quarters of their income from wages or salaries, and \$200 in other cases. Employers contribute 0.8 per cent of payrolls.



### Prince Edward Island

The province began participating on December 1, 1970. Benefits are comparable to those in other provinces that restrict services to those specified under the federal Medical Care Act. Registration is required but is not a condition of eligibility. All funds required to meet the provincial share of costs are obtained from general revenue sources. Doctors who elect to collect directly from patients can extra-bill but only up to the amount for the service as listed in the medical association fee-schedule, and only after they have told the patient their intention, obtained the patient's written consent, and notified the provincial agency of the amount. Doctors who elect, alternatively, to bill the provincial agency directly are paid by the agency 85 per cent of the fee-schedule amount. This they must accept as payment in full unless, again, they notify the patient of their intention to extra-bill for the additional 15 per cent, and obtain the patient's written consent.

### New Brunswick

The province began participating on January 1, 1971. Registration by family head is required, although it is not an eligibility requirement. Doctors must indicate whether or not they intend to participate in the plan; if they participate they are obliged to accept 87 per cent of the current fee-schedule amounts as payment in full (except for inclusive obstetrical services provided by a specialist, for which he can bill the patient an extra \$43.50). Those doctors who elect to deal directly with particular patients as regards payment may extra-bill, and in so doing are not limited to 13 per cent of the fee in the schedule provided the patient is informed beforehand.

The New Brunswick plan, like others, is generally comprehensive, including limited oral surgery in hospital.

### Northwest Territories

The Northwest Territories entered the national program on April 1, 1971. Doctors who elect to submit accounts to the territorial insurance agency must accept as payment in full the amounts as set forth in the agency's benefit schedule.

Those who choose to collect directly from patients must initially give notice to the agency that they are not participating, and must inform the patient beforehand of their intention. As in the four Atlantic Provinces, refractions by optometrists are not insured benefits.

Because of isolated conditions in this far northern area, some doctors work as salaried employees even though payments made by the insuring authority are on a fee-for-service basis.

#### Health Care Programs for Welfare Recipients

Provincial programs providing certain medical care and other health care benefits to recipients of welfare allowances were in operation in all provinces prior to the introduction of province-wide medical care insurance. Organized provincial schemes providing stipulated health services were introduced in Ontario in 1942; Saskatchewan in 1945; Alberta in 1947; British Columbia in 1949; Nova Scotia in 1950; Manitoba in 1960; Quebec in 1966; Prince Edward Island in 1966; and New Brunswick in 1967. Newfoundland for many years operated a plan that provided care as required for persons in need. The total number of persons eligible for benefits under such programs is estimated to have reached 1,150,000 in the fiscal year 1967-68. By April 1971 virtually all recipients of allowances were covered for physicians' services under the provincial medical plans.

Hospital care insurance programs in every province provide automatic coverage to welfare allowance recipients without payment of premiums or co-charges by them.

Under the Canada Assistance Plan the federal government pays half the cost of personal health care services not already insured under the hospital and medical insurance legislation. The coverage for the principal services is as follows.

#### Physicians' Services.

Following the implementation of provincial public medical care insurance plans, provincial welfare recipients became automatically enrolled, without premium payment, with

benefits and payment rates to physicians identical to those for the general population. Co-charges, when and where applicable, and extra-billing are usually waived, and there may be coverage for such not generally-insured physicians' services as travelling milage and telephoned advice.

#### Prescribed-Drug Benefits.

In British Columbia, Alberta, Saskatchewan, New Brunswick, and Newfoundland virtually all provincial public assistance recipients are enrolled under schemes providing prescribed-drug benefits. In Manitoba a drug program covers persons designated as aged and infirm, recipients of mothers' allowances and their dependents, government wards, and indigent persons in unorganized territory. A variety of systems of drug benefit and non-benefit lists are employed and payment rates to pharmacies or dispensing physicians are negotiated by provincial governments. Under several schemes co-charges are levied on patients.

Drugs provided at local initiative in Ontario, Nova Scotia and Quebec are sharable under provincial legislation as well as under the Canada Assistance Plan and the Interim Arrangements Act.

#### Dental Care Benefits.

Dental benefit plans are operated for selected recipients of welfare in the four western provinces and in Ontario. In British Columbia, special means tests are applied to public assistance recipients in order to qualify them for enrolment. A separate program is operated in that province for the children under 13 years of age of all welfare recipients. The Ontario program provides dental benefits to persons in receipt of mothers' allowances and dependent fathers' allowances. This includes parents and their children under the age of 18. All provincial public assistance recipients qualify for dental benefits of schemes operated in Alberta and Saskatchewan.

Benefits under these dental plans typically exclude specified services and require prior authorization for some services. In the three westernmost provinces, posterior bridge-work, prophylaxis and paedodontics are excluded. Prior



authorization is required in British Columbia and Saskatchewan for dentures, relines, gold inlays, orthodontia and periodontia. Payments to dentists are at negotiated fixed rates under each of these plans. The patient is required to pay a co-charge of approximately 50 per cent of the cost of dentures in Alberta and Saskatchewan.

All dental care expenditures by municipalities in Ontario in respect to welfare recipients are shared by the province and through the Canada Assistance Plan.

A limited range of in-hospital dental surgery performed by physicians and dentists is a benefit under provincial medical care insurance plans.

#### Optical Care Benefits.

Health benefit schemes for welfare recipients included certain optical care services and eyeglasses in the four westernmost provinces.

With the nation-wide implementation of public medical care insurance programs, refractions performed by physicians became general benefits under most schemes, and refractions by optometrists were also included in a number of provinces. Thus previously-existing special authorization requirements for refractions in respect to welfare recipients were removed.

Frames, lenses and fittings continue to be benefits of the provincial health benefit schemes in the western provinces. Certain restrictions typically govern the amount which will be paid for frames, e.g., for cosmetic purposes.

#### Other Health Care Benefits.

Other health benefits which are provided under programs in some provinces include home nursing, appliances, physiotherapy, podiatry, chiropractic, and emergency transportation, usually at the discretion of the provincial authority. All such payments, including those initiated by municipalities, are sharable under the Canada Assistance Plan. Some of these benefits are now included under provincial medical care insurance plans.

### Federal Programs.

Traditionally the federal government has provided a range of health benefits to needy war veterans, Indians and Eskimos.

These groups are now covered under provincial public hospital and medical insurance plans. The federal government continues to provide such extended health care as is necessary where it is not among benefits of provincial health insurance programs.

#### Subsection 5 - Services for the Disabled and the Chronically Ill

In recent years, rehabilitation programs for injured workers, veterans, handicapped children, and other disability groups have been extended to all handicapped persons. Physical medicine and rehabilitation departments have been established in teaching hospitals and most veterans' and children's hospitals. Specialized rehabilitation centres number some 22 in-patient facilities, of which eight are for children and five are workmen's compensation centres.

Hospital services available to in-patients and out-patients include physical medicine, physiotherapy, occupational therapy, and social services; most of the children's hospitals and the teaching hospitals also supply speech therapy. The rehabilitation centres provide comprehensive medical, psychosocial and vocational services to more-severely disabled persons. Provincial and community agencies providing rehabilitation and home care services co-operate in the rehabilitation of disabled persons.

Most large general hospitals conduct out-patient clinics for various diseases and disabilities, such as arthritis and rheumatism, diabetes, glaucoma, speech and hearing defects, heart diseases, and orthopedic and neurological conditions. Voluntary agencies concerned with such specific disability groups as arthritics, the blind, the deaf, children suffering from cystic fibrosis, haemophilia, or muscular dystrophy, the mentally ill or retarded, or disabled persons generally, are also

broadening their rehabilitation services to include counseling, personal aids and appliances, transportation, employment and education, sheltered workshops and services for the homebound. Home care programs, under either hospital or community sponsorship, have been established in five provinces to provide nursing, homemaker, physiotherapy, and other services to the disabled, the chronically ill, the aged, and the convalescent.

Provincial health, welfare, and education departments and voluntary agencies are developing specialized services for physically and mentally handicapped children. Most provinces have registries of handicapped children, of varying coverage, and these are being found increasingly useful in the planning and co-ordination of rehabilitation services. In addition to medical rehabilitation, health departments and the voluntary societies for the handicapped provide family counseling, recreation, transportation, and foster home care; in most provinces travelling clinics extend periodic diagnostic and treatment services to outlying areas. Special schools or classes for various groups of handicapped children are operated by local school boards in the main cities, but most of the 17 residential schools for the deaf and the seven for the blind are operated under provincial auspices.

Regional prosthetic research and training units, supported by National Health Grants, have been set up in rehabilitation centres in Montreal, Toronto, and Winnipeg, and in the Bio-Engineering Institute of the University of New Brunswick. Artificial limbs and prosthetic appliances are made available in 12 federally-operated prosthetic centres across Canada in accordance with provisions determined by provincial health departments. A federal-provincial program assists in meeting the extraordinary rehabilitation, maintenance, and counselling costs on behalf of children with thalidomide-induced defects.

Eleven university schools offer training in physical therapy and/or occupational therapy and four provide training in audiology and speech therapy.

In the year ended March 31, 1971, of the \$22,888,849 made available through the General Health Grants to assist the provinces in their rehabilitation programs, \$1,367,290 was specifically allocated to the Medical Rehabilitation and



Crippled Children Grant. These grants are used to extend treatment services, to develop medical rehabilitation personnel through grants to the university schools and student bursaries, and for equipment and research.

#### Section 4 - Emergency Health Services

In 1951 when the responsibility for civil defence was transferred from the Department of National Defence to the Department of National Health and Welfare, the Civil Defence Health Services group was formed within the Department to make plans for health services in a wartime emergency. In 1959, the Civil Defence Order assigned special powers and duties to several Ministers to prepare, and to assist the junior governments to prepare, for war emergencies (this order, as amended in 1963, was replaced in 1965 by the Civil Emergency Measures Planning Order) and the Canada Emergency Measures Organization was created to co-ordinate civil-defence planning.

The Emergency Health Services Division, established in 1959 by the Minister of National Health and Welfare in his own Department, encourages, with the support of an advisory committee, the provinces to develop their own emergency health services divisions. These are organized under a provincial director who is generally assisted by a health-supplies officer and a nursing consultant. A staff medical officer represents the federal Emergency Health Services in each province.

The provincial emergency health services have four tasks: they ensure effective functioning of health services, so that vital health services will be maintained in an emergency or reorganized after a disaster; they encourage and co-ordinate local planning for the development of emergency medical units; they inform and educate the public through courses in first aid to the injured and in home nursing, and train professional health workers, students, and volunteers, for their functions during an emergency; and they dispose emergency medical units of the national stockpile at strategic locations.

Not all provincial and municipal health departments have developed their emergency planning to such an extent that they could function in a wartime disaster. Some, however, have

planned their emergency measures so that they have been able to meet peacetime disasters successfully. Many emergency medical units have been strategically located, and the governments generally are agreed upon the objective of emergency health planning.

### Section 5 - International Health

Canada actively assists and co-operates with the World Health Organization (WHO) and the other specialized agencies of the United Nations whose programs have a substantial health component or orientation. Canada's term of office on the WHO Executive Board was terminated at the 21st World Health Assembly.

Capital and technical assistance are provided to developing countries through the Colombo Plan and other bilateral aid programs. Health training is provided for a number of persons coming to Canada each year under the various technical co-operation schemes; during 1970, there were 296 trainees in Canada studying in a wide range of health disciplines under the Canadian International Development Agency Program, but with greatest concentration in undergraduate medicine and in public health. The number of arrivals for such training has progressively diminished since 1966.

Canadian experts in health legislation, health administration, nursing, and related areas undertook specific assignments abroad during the year and teachers and specialists in a number of clinical fields were provided in response to requests from developing countries. Capital assistance, primarily through the provision of Cobalt-60 beam therapy units for cancer treatment centres in the Colombo Plan area, was continued. As a result of their visit to Viet-Nam in 1967, the Advisory Team on the Viet-Nam Medical Program recommendations regarding tuberculosis, rehabilitation, immunization, hospital equipment, and other programs have been implemented, and the tuberculosis program was again reviewed during a visit by an expert in 1970. Projects for training in public health are in development in Viet-Nam and in Cameroun.





## PART II - WELFARE AND SOCIAL SECURITY

Responsibility for social welfare is shared by all levels of government. Comprehensive income-maintenance measures such as the Canada Pension Plan, old age security pensions, the guaranteed income supplement, family allowances, youth allowances, and unemployment insurance, where nation-wide coordination is required, are administered federally. The federal government gives substantial aid to the provinces in meeting the costs of public assistance and also provides services for special groups such as veterans, Indians, Eskimos, and immigrants. The Department of National Health and Welfare is generally responsible for federal welfare matters, although the Departments of Veterans Affairs, Indian Affairs and Northern Development, and Manpower and Immigration operate programs for specific groups.

Administration of welfare services is primarily the responsibility of the provinces but the provision of services is often assumed by local authorities, generally with financial aid from the province.

### Section 1 - Federal Welfare Programs

#### Subsection 1 - Canada Pension Plan<sup>(1)</sup>

The Act establishing the Canada Pension Plan received Royal Assent on April 3, 1965 and was proclaimed in force on May 5 of the same year. Collection of contributions commenced in January 1966, and in January 1967 the first benefits were paid in the form of retirement pensions. In February 1968 the first survivors' benefits were paid, and in February 1970 the first disability benefits were paid. The Plan represents an important milestone in Canadian social development. It will enable millions of people to make financial provision for their retirement and to protect themselves and their dependents or survivors against loss of income in the event of the disability or death of the head of the family.

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(1) Prepared by the Canada Pension Plan Administration.

The Plan is universally applicable throughout Canada, except in the Province of Quebec, where a comparable pension plan has been established. The Canada and Quebec Pension Plans are closely co-ordinated and operate virtually as a single program. Together, they cover almost all members of the labour force in Canada. Benefit credits accrued under the Canada or Quebec Plans are portable throughout Canada. A contributor who may have worked for more than one employer during his lifetime or who may be self-employed for all or part of his working life will accumulate pension credits regardless of where he may work in Canada. In addition, benefits under the Plan are payable to beneficiaries whether or not they live in Canada. Every contributor to the Plan must have a Social Insurance Number so that his pensionable earnings may be accurately recorded for benefit purposes.

The maximum pensionable earnings for a year were \$5,000 for 1966 and 1967, \$5,100 for 1968, \$5,200 for 1969, \$5,300 for 1970, and \$5,400 for 1971. From 1972 to 1975, the figure of \$5,400 will be adjusted in line with changes in the Pension Index which, in turn, is based on the Consumer Price Index. Beginning in 1976, the maximum pensionable earnings for a year will be adjusted in accordance with changes in the Earnings Index to reflect changes in average wage and salary levels in Canada.

To participate in the Plan, a person must be between the ages of 18 and 70 and earn more than \$600 yearly as an employee, or at least \$800 if he is self-employed. In 1971, contributions are made on earnings between \$600 and \$5,400 a year in the case of both employees and self-employed persons. Employees contribute at the rate of 1.8 per cent and a matching contribution is made by their employers; self-employed persons contribute at the rate of 3.6 per cent. No contributions are to be made by persons while they are receiving disability pensions or after they commence to receive retirement pensions. Although contributions are made on annual earnings between \$600 and the maxima referred to above, benefits are calculated on total earnings up to that maximum. That is, while contributions are not paid on the first \$600 of annual earnings, that amount is nevertheless included in the calculation of benefits.

The earnings-related component of the benefit which a person is entitled to receive under the Canada Pension Plan is based on the contributor's average pensionable earnings. Before this average is calculated, however, all earnings are adjusted in line with the average of the maxima on pensionable

earnings during the benefit year and the two preceding years. Thus, when a benefit first becomes payable, the earnings on which it is based are related to the maximum on pensionable earnings at that time rather than to the maximum when the earnings were received.

Benefits are classified under three main headings: Retirement Pensions; Survivors' Benefits, consisting of a widow's pension, a disabled widower's pension, orphans' benefits, and a lump sum death benefit; and Disability Benefits, comprising pensions for disabled contributors and benefits for their dependent children.

From 1970 on, Retirement Pensions became payable to contributors who are 65 years of age or over provided that, if under age 70, they were retired from regular employment. For contributors who have reached 70 years of age, retirement pensions are payable regardless of whether they are retired. They become payable at their full rate beginning in January 1976. This rate amounts to 25 per cent of what the updated pensionable earnings of contributors have averaged since January 1, 1966, or from age 18, whichever comes later.

Contributors who become eligible for retirement pensions prior to 1976 receive reduced amounts. In the calculation of Retirement Pensions that commence during this period, pensionable earnings are averaged over ten years or 120 months. The only exception occurs where a disability pension has been paid, in which case the time during which that pension was in pay is deducted from the ten years and the remaining period used for averaging purposes. In the calculation of retirement pensions that commence after 1975, provision is made to assist the contributor who may have had periods of low or no earnings during his contributory period. This is accomplished by dropping out the number of months during which contributions may have been made after age 65, and either by using the pensionable earnings in those months in place of earlier periods of lesser or no earnings, or by dropping such pensionable earnings out of the calculation if they are less favourable to him. Also dropped out of the calculation are up to 15 per cent of the number of months he could have contributed before age 65 and the earnings in an equal number of months, although the drop-out must not reduce the number of months for averaging purposes to less than 120.



A person under 70 years of age who is in receipt of a retirement pension must meet an earnings test. In 1971, the maximum annual remuneration from employment he may earn without affecting the amount of his pension is \$960. Should his yearly earnings exceed this figure, his pension is reduced as follows. When annual employment earnings are between \$960 and \$1,600, the reduction will equal 50 per cent of the amount over \$960, or an amount of up to \$320 per year; if earnings exceed \$1,600, the amount deducted will be \$320 plus the actual amount earned over \$1,600. However, the amount of pension is not subject to reduction for any month in which the pensioner does not earn over \$80. At age 70, a contributor is entitled to receive the full amount of his retirement pension regardless of the amount of his earnings.

Survivors' Benefits became payable in February 1968. They are paid to or on behalf of the survivors of a deceased contributor who has made contributions for the present minimum qualifying period of three years for those whose benefits commence before 1975.

A woman who is widowed between ages 45 and 65 is entitled to a widow's pension consisting of the flat-rate component plus  $37\frac{1}{2}$  per cent of her husband's retirement pension. The flat-rate component is equal to \$25 multiplied by the ratio of the Pension Index for the year in which the contributor dies to the Pension Index for 1967. Thus, for 1971, the flat-rate component is \$27.06. Should her husband not be in receipt of a retirement pension at the time of his death, such a pension is calculated in prescribed manner for the purposes of computing the amount of the widow's pension. If a woman is widowed under age 45, the same pension is paid provided she has dependent or disabled children or is herself disabled. If she does not meet any of these requirements, her pension is reduced by an amount equal to  $1/120$  for each month she is less than age 45 at the time of her husband's death. Accordingly, if a woman is widowed at age 35 or less, and has no dependent or disabled children and is not herself disabled, she will not receive a widow's pension until she reaches 65 years of age, unless she becomes disabled in the meantime.

A widow aged 65 or over receives a widow's pension equal to 60 per cent of her husband's retirement pension, regardless of her age at the time her husband died or whether she was receiving a widow's pension before she

became 65. Again, if her husband was not in receipt of a retirement pension at the time of his death, one is calculated in prescribed manner in order to compute the amount of the widow's pension. Women who receive widows' pensions may also have contributed to the Canada Pension Plan themselves and consequently may be entitled to retirement or disability pensions in their own right. In such cases, the widow's pension will be combined with the other pension, in accordance with a prescribed formula, but the combined total cannot exceed the maximum retirement pension payable under the Act.

Orphan's benefits are payable on behalf of a deceased contributor's unmarried dependent children. The rate for each of the first four children is equal to the flat-rate component of the widow's pension (\$27.06 for 1971); for more than four children the total benefit, which is divided equally among the children, is the sum of \$27.06 for each of four and half of that amount for each child in excess of four. Benefits are payable until the child reaches age 18 or up to age 25 if he continues to attend school or university full time.

A disabled widower's pension is payable where he was wholly or substantially dependent on his wife for financial support at the time of her death. The test of disability is the same as that for a person who claims a disability pension and the pension formula is the same as that for a disabled widow age 45 or more.

When a contributor dies, a lump-sum death benefit equal to six times his monthly retirement pension will be paid to his estate. This benefit is subject to a maximum of 10 per cent of the maximum pensionable earnings which, for 1971, would mean a payment not exceeding \$540. Should a contributor not be in receipt of a retirement pension at the time of his death, a calculation is made in prescribed manner for purposes of establishing the amount of the death benefit.

Disability Pensions became payable in 1970. A contributor is considered to be disabled if he has a physical or mental disability that is so severe and likely to continue so long that he is incapable of regularly pursuing any substantially gainful occupation. Disability pensions, plus benefits for the dependent children of disabled contributors, are available provided contributions have been made to the Plan for the present minimum qualifying period of five years. The amount of the pension consists of a flat-rate payment equal



to the flat-rate component of a widow's pension plus 75 per cent of what the contributor's monthly retirement pension would have been had he reached age 65 when his disability pension commenced. Benefits are payable on behalf of a disabled contributor's dependent children at the same rates and under essentially the same circumstances as the orphan's benefits.

All monthly benefits are adjusted upwards annually if the changes in the Pension Index warrant it. Benefits in payment in 1967 were increased by two per cent effective January 1968, those in payment in 1968 were increased by two per cent effective January 1969, those in payment in 1969 were increased by two per cent effective January 1970, and those in payment in 1970 were increased by two per cent effective January 1971.

Any contributor or beneficiary under the Plan has the right to appeal decisions with which he is dissatisfied. Appeals by employees and employers regarding coverage and contributions are first made to the Minister of National Revenue and, if the individual is not satisfied with the Minister's decision, he may appeal to the Pension Appeals Board whose decision is final. For self-employed persons, appeals with reference to the assessment of their earnings for Canada Pension Plan purposes are treated in the same way as appeals under the Income Tax Act. With respect to benefits, there is a three-stage appeal procedure: first, to the Minister of National Health and Welfare; second, to a Review Committee; and third, to the Pension Appeals Board whose decision is final.

The legislation provides for the investment of the funds that accrue from monthly contributions, less the estimated amounts required to pay benefits and administrative costs over a three-month period. These funds are made available to each province on the basis of the relationship between the contributions made to the Plan by and on behalf of residents of that province and the total contributions made to the Plan. Funds not borrowed by the provinces are invested in federal securities. The Canada Pension Plan is entirely self-supporting, in that all benefits and all costs incurred in the administration of the program are financed solely from the contributions made by employees, employers, and self-employed persons and the interest earned from the investment of funds.



An Advisory Committee representing employers, employees, self-employed persons, and the public, which was established in 1967, reviews from time to time the overall operations of the Plan, the state of the Investment Fund, and the adequacy of coverage and benefits; and reports to the Minister of National Health and Welfare. In addition, a report on its activities is included in the Annual Report on the Plan. The legislation authorizes arrangements to be made with other countries to achieve as full coverage of persons in the labour force in Canada as is possible and to ensure the portability of pension credits between Canada and the countries concerned.

The Minister of National Health and Welfare is responsible for the administration of all parts of the program except coverage and the collection of contributions, which come under the jurisdiction of the Minister of National Revenue. The Unemployment Insurance Commission is responsible for the assignment of Social Insurance Numbers and for the maintenance of the Central Index. The Department of Finance is responsible for the administration of the Canada Pension Plan Account and the Canada Pension Plan Investment Fund. The Department of Supply and Services gives assistance to the Department of National Health and Welfare in the operation of the electronic data processing service which is required to maintain the Records of Earnings of contributors and to calculate benefits payable under the Plan. The Chief Actuary, Department of Insurance, is responsible for the preparation of reports on the future financial progress of the Plan and on the effect on the Fund of proposed amendments to the Plan.

The Canada Pension Plan Administration of the Department of National Health and Welfare consists of a head office establishment in Ottawa, a network of 38 District Offices located in the major population centres in Canada outside the Province of Quebec, and 104 local offices, the last-named on a part-time basis.

Tables 13 to 19 set out statistics of the Canada Pension Plan.

## Subsection 2 - Old Age Security

Under the Old Age Security Act of 1951, as amended, the Federal Government pays a monthly pension to all persons aged 65 and over who meet the necessary residence qualifications.

TABLE 13 - CANADA PENSION PLAN ACCOUNT: STATEMENT OF REVENUE AND EXPENDITURE,  
FISCAL YEARS 1965-66 to 1970-71

(Million Dollars)

| Period  | REVENUE       |                            |       |         | EXPENDITURE (a) |                |       | Excess<br>of<br>Revenue | Balance<br>in<br>CPP<br>Account |
|---------|---------------|----------------------------|-------|---------|-----------------|----------------|-------|-------------------------|---------------------------------|
|         | Contributions | Interest on<br>Investments | Other | Total   | Benefits        | Administration | Total |                         |                                 |
| 1965-66 | 94.9          | -                          | -     | 94.9    | -               | 5.5            | 5.5   | 89.4                    | 89.4                            |
| 1966-67 | 587.2         | 11.0                       | 1.7   | 599.9   | -               | 8.4            | 8.4   | 591.5                   | 680.9                           |
| 1967-68 | 640.2         | 42.2                       | 2.2   | 684.7   | 1.3             | 11.5           | 12.8  | 671.9                   | 1,352.8                         |
| 1968-69 | 697.6         | 84.4                       | 3.0   | 785.0   | 15.6            | 14.5           | 30.0  | 755.0                   | 2,107.8                         |
| 1969-70 | 745.6         | 139.7                      | 4.2   | 889.6   | 47.3            | 17.7           | 65.1  | 824.5                   | 2,932.3                         |
| 1970-71 | 812.9         | 202.7                      | 4.2   | 1,019.8 | 89.3            | 19.1           | 108.4 | 911.4                   | 3,843.7                         |

(a) net.

NOTE: Due to rounding, data may not add to totals shown.

TABLE 14 - CANADA PENSION PLAN INVESTMENT FUND:  
INVESTMENTS BY PROVINCE,  
FISCAL YEARS 1965-66 TO 1970-71

(Million Dollars)

| Securities<br>of or<br>Guaranteed by | FISCAL YEAR                      |         |         |         |         | All<br>Fiscal Years<br>To Date |
|--------------------------------------|----------------------------------|---------|---------|---------|---------|--------------------------------|
|                                      | 1965-66                          | 1966-67 | 1967-68 | 1968-69 | 1969-70 | 1970-71                        |
|                                      | Investments Made in Period       |         |         |         |         |                                |
| Newfoundland                         | 0.7                              | 11.0    | 12.0    | 14.2    | 15.6    | 16.8                           |
| P.E.I.                               | 0.1                              | 1.9     | 2.3     | 2.9     | 3.2     | 3.5                            |
| Nova Scotia                          | 1.2                              | 21.4    | 25.2    | 29.2    | 31.6    | 34.0                           |
| New Brunswick                        | 1.0                              | 16.7    | 19.3    | 21.8    | 24.2    | 25.8                           |
| Quebec                               | -                                | 0.4     | 1.9     | 2.4     | 3.1     | 5.1                            |
| Ontario                              | 20.1                             | 332.6   | 375.9   | 412.0   | 445.8   | 476.0                          |
| Manitoba                             | 2.1                              | 34.9    | 39.4    | 42.3    | 47.7    | 51.5                           |
| Saskatchewan                         | 1.4                              | 24.5    | 29.7    | 35.9    | 40.4    | 42.9                           |
| Alberta                              | 3.1                              | 51.1    | 59.2    | 68.4    | 77.1    | 82.3                           |
| British Columbia                     | 5.1                              | 84.4    | 96.6    | 107.5   | 117.2   | 125.1                          |
| Canada                               | 0.1                              | 1.8     | 3.8     | 5.6     | 4.1     | 5.4                            |
| All Jurisdictions                    | 34.9                             | 580.7   | 665.3   | 742.2   | 809.8   | 868.5                          |
|                                      | Balance in Fund at End of Period |         |         |         |         |                                |
| All Jurisdictions                    | 34.9                             | 615.5   | 1,280.8 | 2,022.9 | 2,832.7 | 3,701.3                        |

NOTE: Due to rounding, data may not add to totals shown.



TABLE 15 - CANADA PENSION PLAN BENEFITS: NUMBER OF BENEFICIARIES,  
BY TYPE OF BENEFIT, BY MONTH

MARCH 1970 TO MARCH 1971

| Period    | Retirement Pensions | Disability Benefits |                     |               | Survivors' Benefits |                  |                   |               |                             |     | Combined Pensions | All Benefits |
|-----------|---------------------|---------------------|---------------------|---------------|---------------------|------------------|-------------------|---------------|-----------------------------|-----|-------------------|--------------|
|           |                     | Disability Pensions | Children's Benefits |               | Death Benefits      | Widows' Pensions | Orphans' Benefits |               | Disabled Widowers' Pensions |     |                   |              |
|           |                     |                     | Under Age 18        | Age 18 & over |                     |                  | Under Age 18      | Age 18 & over |                             |     |                   |              |
| 1970      |                     |                     |                     |               |                     |                  |                   |               |                             |     |                   |              |
| March     | 114,939             | 97                  | 67                  | 18            | 1,941               | 20,952           | 20,040            | 3,924         | 23                          | 10  | 162,011           |              |
| April     | 122,428             | 246                 | 137                 | 32            | 835                 | 22,397           | 21,321            | 4,113         | 23                          | 10  | 171,542           |              |
| May       | 126,000             | 472                 | 262                 | 55            | 2,791               | 23,917           | 22,471            | 4,338         | 23                          | 10  | 180,339           |              |
| June      | 133,640             | 556                 | 329                 | 31            | 1,657               | 25,386           | 23,586            | 4,383         | 24                          | 56  | 189,648           |              |
| July      | 137,822             | 786                 | 419                 | 94            | 1,348               | 26,317           | 24,392            | 4,993         | 27                          | 106 | 196,304           |              |
| August    | 140,940             | 1,003               | 552                 | 117           | 1,057               | 26,678           | 24,617            | 5,055         | 26                          | 106 | 200,151           |              |
| September | 147,239             | 1,303               | 741                 | 153           | 2,097               | 27,978           | 25,629            | 5,227         | 25                          | 106 | 210,498           |              |
| October   | 151,192             | 1,644               | 929                 | 189           | 1,867               | 29,229           | 26,643            | 5,451         | 25                          | 106 | 217,375           |              |
| November  | 155,070             | 1,969               | 1,183               | 244           | 2,045               | 30,997           | 28,124            | 6,004         | 25                          | 134 | 225,795           |              |
| December  | 159,716             | 2,278               | 1,341               | 316           | 2,290               | 32,834           | 29,622            | 6,543         | 24                          | 155 | 235,119           |              |
| 1971      |                     |                     |                     |               |                     |                  |                   |               |                             |     |                   |              |
| January   | 164,470             | 2,567               | 1,515               | 356           | 1,318               | 33,794           | 30,339            | 6,798         | 24                          | 169 | 241,350           |              |
| February  | 167,775             | 2,930               | 1,720               | 400           | 2,445               | 35,024           | 31,329            | 6,932         | 25                          | 200 | 248,780           |              |
| March     | 171,601             | 3,236               | 1,901               | 445           | 1,787               | 35,779           | 31,935            | 6,731         | 25                          | 200 | 253,640           |              |

TABLE 16 - CANADA PENSION PLAN BENEFITS: NUMBER OF BENEFICIARIES,  
BY TYPE OF BENEFITS, BY PROVINCE

MARCH 1971

| Province         | Retirement Pensions | Disability Benefits |                     |               | Survivors' Benefits |                  |                   |               |                             | Combined Pensions | All Benefits |
|------------------|---------------------|---------------------|---------------------|---------------|---------------------|------------------|-------------------|---------------|-----------------------------|-------------------|--------------|
|                  |                     | Disability Pensions | Children's Benefits |               | Death Benefits      | Widows' Pensions | Orphans' Benefits |               | Disabled Widowers' Pensions |                   |              |
|                  |                     |                     | Under Age 18        | Age 18 & over |                     |                  | Under Age 18      | Age 18 & over |                             |                   |              |
| Newfoundland     | 2,825               | 79                  | 97                  | 19            | 35                  | 700              | 1,135             | 151           | -                           | 1                 | 5,042        |
| P.E.I.           | 990                 | 19                  | 25                  | 4             | 12                  | 207              | 295               | 60            | -                           | -                 | 1,612        |
| Nova Scotia      | 7,667               | 290                 | 254                 | 48            | 79                  | 1,910            | 2,037             | 412           | 2                           | 8                 | 12,707       |
| New Brunswick    | 5,755               | 149                 | 114                 | 32            | 76                  | 1,364            | 1,594             | 337           | -                           | 4                 | 9,425        |
| Quebec           | 662                 | 18                  | 6                   | 2             | 10                  | 267              | 328               | 45            | 1                           | -                 | 1,339        |
| Ontario          | 89,972              | 1,582               | 771                 | 208           | 932                 | 19,223           | 14,995            | 3,620         | 9                           | 125               | 131,437      |
| Manitoba         | 12,801              | 254                 | 126                 | 32            | 109                 | 2,286            | 1,866             | 424           | 1                           | 17                | 17,916       |
| Saskatchewan     | 9,849               | 206                 | 194                 | 34            | 100                 | 2,089            | 2,101             | 353           | 4                           | 5                 | 14,935       |
| Alberta          | 14,661              | 223                 | 146                 | 35            | 187                 | 3,048            | 3,245             | 606           | 4                           | 14                | 22,169       |
| British Columbia | 26,314              | 416                 | 168                 | 31            | 241                 | 4,645            | 4,284             | 712           | 4                           | 26                | 36,841       |
| Yukon            | 64                  | -                   | -                   | -             | 5                   | 26               | 30                | 7             | -                           | -                 | 132          |
| N.W.T.           | 41                  | -                   | -                   | -             | 1                   | 14               | 25                | 4             | -                           | -                 | 85           |
| All Areas        | 171,601             | 3,236               | 1,901               | 445           | 1,787               | 35,779           | 31,935            | 6,731         | 25                          | 200               | 253,640      |

TABLE 17 - CANADA PENSION PLAN BENEFITS: PAYMENTS BY TYPE OF BENEFIT,  
BY PROVINCE, FISCAL YEAR 1970-71

(thousand dollars)

| Province         | Retirement Pensions | Disability Benefits |                     |               | Survivors' Benefits |                  |                   |               |                             |       | Combined Pensions | All Benefits |
|------------------|---------------------|---------------------|---------------------|---------------|---------------------|------------------|-------------------|---------------|-----------------------------|-------|-------------------|--------------|
|                  |                     | Disability Pensions | Children's Benefits |               | Death Benefits      | Widows' Pensions | Orphans' Benefits |               | Disabled Widowers' Pensions |       |                   |              |
|                  |                     |                     | Under Age 18        | Age 18 & over |                     |                  | Under Age 18      | Age 18 & over |                             |       |                   |              |
| Newfoundland     | 564.9               | 78.8                | 27.5                | 7.4           | 176.7               | 438.2            | 318.1             | 53.8          | -                           | -     | 1,665.3           |              |
| P.E.I.           | 176.6               | 19.5                | 8.5                 | 1.8           | 42.3                | 129.2            | 82.9              | 27.6          | -                           | -     | 488.5             |              |
| Nova Scotia      | 1,655.4             | 262.6               | 74.5                | 15.2          | 465.9               | 1,239.3          | 596.4             | 161.0         | 0.8                         | 4.7   | 4,476.0           |              |
| New Brunswick    | 1,230.4             | 137.1               | 30.5                | 11.3          | 316.4               | 857.7            | 454.3             | 121.8         | -                           | 1.5   | 3,160.9           |              |
| Quebec           | 175.0               | 16.6                | 2.1                 | 0.5           | 63.0                | 191.3            | 99.1              | 16.5          | 0.4                         | -     | 564.2             |              |
| Ontario          | 22,442.3            | 1,572.6             | 229.5               | 74.5          | 5,153.0             | 13,323.2         | 4,579.5           | 1,390.6       | 6.0                         | 75.9  | 48,847.5          |              |
| Manitoba         | 2,945.3             | 245.6               | 39.2                | 11.4          | 568.5               | 1,552.6          | 576.2             | 171.5         | 0.6                         | 6.8   | 6,117.4           |              |
| Saskatchewan     | 2,179.5             | 207.1               | 68.5                | 15.1          | 535.5               | 1,414.6          | 649.0             | 150.5         | 3.2                         | 2.5   | 5,225.5           |              |
| Alberta          | 3,281.0             | 215.8               | 43.8                | 12.5          | 824.4               | 2,065.9          | 1,004.0           | 247.4         | 3.9                         | 6.7   | 7,705.5           |              |
| British Columbia | 6,286.4             | 419.5               | 56.3                | 11.6          | 1,291.3             | 3,256.3          | 1,344.2           | 293.1         | 3.2                         | 13.0  | 12,975.4          |              |
| Yukon            | 18.4                | -                   | -                   | -             | 18.2                | 20.1             | 10.6              | 3.4           | -                           | -     | 70.8              |              |
| N.W.T.           | 10.7                | -                   | -                   | -             | 10.8                | 13.2             | 9.4               | 1.0           | -                           | -     | 45.1              |              |
| All Areas        | 40,965.9            | 3,175.2             | 580.4               | 161.3         | 9,466.0             | 24,502.1         | 9,723.8           | 2,638.2       | 18.1                        | 111.1 | 91,342.1          |              |



TABLE 18 - CONTRIBUTORS TO THE CANADA AND QUEBEC PENSION PLANS,  
BY PROVINCE AND BY SEX, FOR 1967, 1968 AND 1969(a)

| PROVINCE              | NUMBER OF CONTRIBUTORS |           |           |           |           |           |           |
|-----------------------|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
|                       | MALE                   |           |           | FEMALE    |           |           | TOTAL (b) |
|                       | 1967                   | 1968      | 1969      | 1967      | 1968      | 1969      |           |
| Newfoundland          | 88,566                 | 90,979    | 91,499    | 25,377    | 27,983    | 29,188    | 114,323   |
| Prince Edward Island  | 17,824                 | 18,276    | 19,009    | 7,268     | 7,823     | 8,517     | 25,176    |
| Nova Scotia           | 153,542                | 158,487   | 162,660   | 59,924    | 64,006    | 68,535    | 213,776   |
| New Brunswick         | 120,794                | 122,993   | 126,203   | 46,930    | 51,205    | 53,693    | 168,013   |
| Quebec                | 1,272,649              | 1,124,677 | 1,165,893 | 537,398   | 519,075   | 547,992   | 1,814,087 |
| Ontario               | 1,837,824              | 1,705,487 | 1,763,902 | 876,859   | 887,720   | 956,900   | 2,719,453 |
| Manitoba              | 221,581                | 225,958   | 228,191   | 101,915   | 107,627   | 111,849   | 324,080   |
| Saskatchewan          | 215,862                | 212,873   | 197,813   | 73,793    | 77,317    | 77,969    | 290,223   |
| Alberta               | 353,416                | 365,657   | 379,101   | 151,716   | 163,831   | 175,831   | 506,094   |
| British Columbia      | 494,206                | 492,632   | 528,614   | 209,997   | 221,099   | 241,618   | 705,354   |
| Northwest Territories | 5,588                  | 5,869     | 6,853     | 1,810     | 2,030     | 2,540     | 7,463     |
| Yukon                 | 3,963                  | 4,709     | 5,011     | 1,652     | 1,850     | 2,107     | 5,648     |
| CANADA (c) (d)        | 4,785,815              | 4,528,597 | 4,674,699 | 2,094,639 | 2,131,566 | 2,276,739 | 6,893,690 |
|                       |                        |           |           |           |           |           | 6,668,852 |
|                       |                        |           |           |           |           |           | 6,958,983 |

(a) These data include only those contributors who filed income-tax returns.

(b) Includes contributors for whom sex was not stated. There were 8,689 of these in the 1968 data and 7,545 in 1969.

(c) The apparent trend in these totals may be misleading, because a considerable number of non-contributors were erroneously included. This is especially true in the earlier years.

(d) Due to an error in the computer program used to process data regarding the Canada Pension Plan, the number of contributors in Canada was an estimated 400,000 short of the actual totals for 1968 and 1969 and thus should not be used for trend analysis. It is not possible to recalculate the numbers involved for 1968 but revised data will be published for 1969 as soon as they are available.

TABLE 19 - AVERAGE INCOME OF CONTRIBUTORS TO THE  
CANADA PENSION PLAN AND QUEBEC PENSION PLAN,  
BY PROVINCE, CALENDAR YEAR 1969

| Province              | Average Income of:   |                        |                     |
|-----------------------|----------------------|------------------------|---------------------|
|                       | Male<br>Contributors | Female<br>Contributors | All<br>Contributors |
|                       | \$                   | \$                     | \$                  |
| Newfoundland          | 5,270                | 2,900                  | 4,694               |
| Prince Edward Island  | 4,567                | 2,906                  | 4,050               |
| Nova Scotia           | 5,590                | 3,246                  | 4,894               |
| New Brunswick         | 5,309                | 3,074                  | 4,641               |
| Quebec                | 7,236                | 4,068                  | 6,220               |
| Ontario               | 8,195                | 4,085                  | 6,747               |
| Manitoba              | 6,311                | 3,450                  | 5,368               |
| Saskatchewan          | 5,427                | 3,432                  | 4,861               |
| Alberta               | 6,670                | 3,613                  | 5,700               |
| British Columbia      | 7,468                | 3,777                  | 6,309               |
| Yukon Territory       | 7,919                | 4,129                  | 6,227               |
| Northwest Territories | 7,087                | 3,966                  | 6,790               |
| Canada                | 7,298                | 3,889                  | 6,180               |

Until 1966 the pension was payable to those aged 70 or over but an annual one-year reduction in pensionable age from 70 to 65 was completed in 1970. Prior to 1968 the pension amounted to \$75 a month but, in 1968, 1969, and 1970, the amount of the pension was adjusted in line with changes in the Pension Index developed for the Canada Pension Plan; it reached \$79.58 in 1970. In December 1970 the Act was amended to set the Old Age Security Pension equal to \$80 per month effective January 1, 1971. In future this amount will not be escalated for persons not in receipt of the Guaranteed Income Supplement. (See below for escalation of the Supplement.)

The Old Age Security pension is payable to a person of attained age who has resided in Canada for ten years immediately preceding the approval of his application for the pension. Any gaps in the ten-year period may be offset if the applicant had been present in Canada in earlier years for periods of time after reaching age 18, equal in total to three times the length of the gaps; in this case, however, the applicant must also have resided in Canada for one year immediately before the month in which his application for pension may be approved. The pension is also payable to persons of attained age who have left Canada before reaching that age but who have had 40 years of residence in Canada since age 18. A pensioner may absent himself from Canada and continue to receive payments. If he has lived in Canada for 25 years since his 21st birthday, payment outside of Canada may continue indefinitely; if not, payment is continued for six months, in addition to the month of departure, and is then suspended, to be resumed only with the month in which he returns to Canada.

The program is administered by the Department of National Health and Welfare through regional offices located in each provincial capital, to which application is made for pension. The regional office in Edmonton administers accounts for and receives applications from residents of the Yukon and the Northwest Territories. The Old Age Security plan is financed through a 3 per cent sales tax, a 3 per cent tax on corporation income and, subject to a limit of \$240 a year, a 4 per cent tax on taxable personal income. The revenues from these sources are paid into a separate fund called the Old Age Security Fund, from which are paid the Old Age Security pensions and, from January 1, 1967, benefits under the Guaranteed Income Supplement program. Tables 20 and 21 provide statistics of the Old Age Security program.



TABLE 20 - OPERATIONS OF THE OLD AGE SECURITY FUND, YEARS ENDED MARCH 31, 1964 TO 1970  
(IN MILLIONS OF DOLLARS)

| Item  | 1963-64 | 1964-65 | 1965-66 | 1966-67        | 1967-68        | 1968-69        | 1969-70        |
|---|---------|---------|---------|----------------|----------------|----------------|----------------|
| Source of funds:                                |         |         |         |                |                |                |                |
| Sales tax                                       | 331.8   | 383.2   | 522.1   | 559.5          | 544.5          | 528.1          | 577.4          |
| Corporation income tax                          | 115.7   | 145.2   | 152.3   | 149.5          | 150.0          | 183.0          | 227.1          |
| Individual income tax                           | 302.6   | 431.9   | 494.9   | 576.6          | 800.1          | 915.0          | 1,026.5        |
| Loan from consolidated revenue fund             | 58.3    | -       | -       | -              | -              | -              | -              |
| Balance brought forward                         | -       | -       | -       | 217.0          | 429.6          | 536.1          | 620.9          |
| Total   | 808.4   | 960.3   | 1,169.3 | 1,502.6        | 1,924.2        | 2,162.2        | 2,451.9        |
| Application of funds:                           |         |         |         |                |                |                |                |
| Benefit payments                                | 808.4   | 885.3   | 927.3   | (a)<br>1,073.0 | (a)<br>1,388.1 | (a)<br>1,541.3 | (a)<br>1,730.5 |
| Repayment of loans to consolidated revenue fund | -       | 75.0    | 25.0    | -              | -              | -              | -              |
| Balance carried over                            | -       | -       | 217.0   | 429.6          | 536.1          | 620.9          | 721.4          |
| Total   | 808.4   | 960.3   | 1,169.3 | 1,502.6        | 1,924.2        | 2,162.2        | 2,451.9        |

(a) Includes payments under the Guaranteed Income Supplement program amounting to \$39,597,478 in 1966-67, \$234,835,151 in 1967-68, \$244,470,268 in 1968-69 and, in 1969-70, of \$263,478,628.

TABLE 21 - OLD AGE SECURITY STATISTICS, BY PROVINCE, YEARS ENDED MARCH 31, 1965 TO 1971

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| Province and year            | Pensioners<br>in March | Net pensions<br>paid during<br>fiscal year | Province and year                      | Pensioners<br>in March | Net pensions<br>paid during<br>fiscal year |
|------------------------------|------------------------|--|--|------------------------|--|
|                              | No.                    | \$   |  | No.                    | \$   |
| Newfoundland.....1965        | 18,886                 | 16,811,166                                 | Manitoba.....1965                      | 59,818                 | 53,360,235                                 |
| 1966                         | 21,184                 | 17,586,159                                 | 1966                                   | 65,758                 | 55,494,509                                 |
| 1967                         | 23,733                 | 19,706,767                                 | 1967                                   | 71,471                 | 60,767,093                                 |
| 1968                         | 25,865                 | 23,971,795                                 | 1968                                   | 78,147                 | 66,781,367                                 |
| 1969                         | 28,702                 | 24,898,913                                 | 1969                                   | 85,297                 | 73,990,080                                 |
| 1970                         | 31,628                 | 27,962,478                                 | 1970                                   | 93,497                 | 82,432,414                                 |
| 1971                         | 32,129                 | 30,633,179                                 | 1971                                   | 95,542                 | 90,134,927                                 |
| Prince Edward Island....1965 | 7,949                  | 7,118,615                                  | Saskatchewan.....1965                  | 61,257                 | 55,063,268                                 |
| 1966                         | 8,809                  | 7,447,170                                  | 1966                                   | 66,638                 | 56,755,191                                 |
| 1967                         | 9,665                  | 8,207,258                                  | 1967                                   | 71,892                 | 61,478,838                                 |
| 1968                         | 10,458                 | 9,542,231                                  | 1968                                   | 77,725                 | 66,153,435                                 |
| 1969                         | 11,411                 | 10,023,447                                 | 1969                                   | 84,295                 | 73,805,638                                 |
| 1970                         | 12,285                 | 10,991,947                                 | 1970                                   | 92,168                 | 82,051,152                                 |
| 1971                         | 12,306                 | 11,810,483                                 | 1971                                   | 93,797                 | 89,122,205                                 |
| Nova Scotia.....1965         | 45,014                 | 40,399,804                                 | Alberta.....1965                       | 67,245                 | 60,052,938                                 |
| 1966                         | 49,801                 | 42,048,599                                 | 1966                                   | 74,514                 | 62,793,976                                 |
| 1967                         | 54,690                 | 46,533,160                                 | 1967                                   | 82,145                 | 69,524,557                                 |
| 1968                         | 59,363                 | 52,783,504                                 | 1968                                   | 91,118                 | 77,574,022                                 |
| 1969                         | 64,438                 | 56,489,364                                 | 1969                                   | 100,895                | 86,675,340                                 |
| 1970                         | 70,004                 | 62,651,195                                 | 1970                                   | 112,921                | 96,818,953                                 |
| 1971                         | 71,565                 | 67,995,408                                 | 1971                                   | 116,359                | 107,638,661                                |
| New Brunswick.....1965       | 33,262                 | 29,780,719                                 | British Columbia.....1965              | 124,262                | 111,327,361                                |
| 1966                         | 36,852                 | 30,994,768                                 | 1966                                   | 135,556                | 115,292,880                                |
| 1967                         | 40,565                 | 34,358,253                                 | 1967                                   | 147,930                | 125,662,029                                |
| 1968                         | 44,390                 | 39,418,789                                 | 1968                                   | 161,341                | 135,848,974                                |
| 1969                         | 48,424                 | 42,465,412                                 | 1969                                   | 177,382                | 154,191,907                                |
| 1970                         | 52,935                 | 47,287,051                                 | 1970                                   | 194,709                | 172,400,945                                |
| 1971                         | 53,956                 | 51,590,554                                 | 1971                                   | 200,419                | 190,241,167                                |
| Quebec.....1965              | 214,294                | 189,682,327                                | Yukon and Northwest Territories...1965 | 707                    | 633,415                                    |
| 1966                         | 242,865                | 201,031,152                                | 1966                                   | 802                    | 660,570                                    |
| 1967                         | 275,515                | 228,797,146                                | 1967                                   | 886                    | 744,905                                    |
| 1968                         | 309,447                | 267,445,266                                | 1968                                   | 1,015                  | 962,396                                    |
| 1969                         | 348,901                | 297,931,760                                | 1969                                   | 1,144                  | 968,859                                    |
| 1970                         | 394,138                | 342,436,313                                | 1970                                   | 1,243                  | 1,115,820                                  |
| 1971                         | 409,038                | 384,222,746                                | 1971                                   | 1,311                  | 1,248,720                                  |
| Ontario.....1965             | 360,888                | 321,064,620                                | Canada.....1965                        | 993,582                | 885,294,468                                |
| 1966                         | 402,997                | 337,194,513                                | 1966                                   | 1,105,776              | 927,299,487                                |
| 1967                         | 451,069                | 377,628,224                                | 1967                                   | 1,229,561              | 1,033,408,230                              |
| 1968                         | 507,341                | 412,802,015                                | 1968                                   | 1,366,210              | 1,153,283,794                              |
| 1969                         | 533,973                | 475,408,561                                | 1969                                   | 1,504,862              | 1,296,849,281                              |
| 1970                         | 615,111                | 540,908,249                                | 1970                                   | 1,670,639              | 1,467,056,517                              |
| 1971                         | 633,696                | 602,581,082                                | 1971                                   | 1,720,128              | 1,627,219,132                              |

Guaranteed Income Supplement. - A 1966 amendment to the Old Age Security Act provides for the payment of a monthly guaranteed income supplement to Old Age Security pensioners who have little or no income other than the pension. The program commenced on January 1, 1967. Beginning at that date, the maximum supplement was \$30 a month; after 1967, it was 40 per cent of the amount of the Old Age Security pension. With the latter pension being escalated in 1968, 1969 and 1970 the maximum supplement reached \$31.83 a month in 1970. Under the December 1970 amendment to the Act, effective April 1, 1971, the maximum monthly supplement was raised to \$55 for a single pensioner and to \$95 for a married couple, both of whom are pensioners. In future years the maximum monthly supplement will be escalated based on increases in the cost of living as applied to the combined amount of the Old Age Security pension and the Guaranteed Income Supplement with the entire increase in the maximum benefit being added to the supplement. In the fiscal year 1971-72 pensioners with no other source of income are guaranteed an annual income of \$1,620 each, or \$3,060 for a married couple if both are pensioners. In 1970 the corresponding amounts were \$1,336.92 and \$2,673.84 respectively.

Pensioners with income in addition to their old age security pension may receive partial benefits. The maximum supplement is reduced by \$1 a month for every full \$2 a month of income over and above the Old Age Security pension and any supplement that may have been received. Income for this purpose is the same as that computed in accordance with the Income Tax Act. In the case of a married couple, each is considered to have one-half of their combined income. Where one spouse will not be receiving an Old Age Security pension at any time in the current year, six times the amount of the monthly Old Age Security pension is deducted from one-half of the combined income in calculating the income of the pensioner for Guaranteed Income Supplement purposes.

Payments will not be made to married couples unless both spouses submit returns. However, in order to prevent undue hardship when no statement of income is obtainable from one spouse, the other, in certain circumstances, may be deemed to be single for purposes of determining income. Furthermore, although marital status is determined as at March 31 of the year preceding the benefit year, even if this status should change in the current year, a special provision allows a person to be deemed either married or single in the preceding year.



If a pensioner who is in receipt of a supplement leaves Canada, the supplement will be paid for the month of departure and for six further months. Payment will then be discontinued until his return.

The Guaranteed Income Supplement program is administered in conjunction with the Old Age Security pension program. An application for the supplement is sent to each person when he begins to receive the Old Age Security pension and subsequently at the beginning of each calendar year. Entitlement is reassessed each year on the basis of the pensioner's income in the preceding year.

Statistics of the operations of the Guaranteed Income Supplement program appear in Tables 22 to 29.

### Subsection 3 - Family Allowances

The Family Allowances Act of 1944 assists in providing equal opportunity for all Canadian children. The allowances do not involve a means test and are paid from the federal Consolidated Revenue Fund. They do not constitute taxable income but there is a smaller income tax exemption for children eligible for allowances.

Allowances are payable in respect of every child under the age of 16 years who was born in Canada, or who has been a resident of the country for one year, or whose father or mother has been domiciled in Canada from a date three years immediately prior to the date of birth of the child. Payment is made by cheque each month, normally to the mother, although any person who substantially maintains the child may be paid the allowance on his behalf. Allowances are paid at the monthly rate of \$6 for each child under 10 years of age and \$8 for each child aged 10 or over but under 16 years. If the allowances are not spent for the purposes outlined in the Act, payment may be discontinued or made to some other person or agency on behalf of the child. Allowances are not payable for any child who fails to comply with provincial school-attendance legislation, who ceases to be maintained by a parent, who ceases to be a resident of Canada, or on behalf of a girl who is married and under age 16.

TABLE 22 - GUARANTEED INCOME SUPPLEMENT PENSIONERS AND PAYMENTS,  
BY PROVINCE, YEARS ENDED MARCH 31, 1967 TO 1971

| Province and year             | Pensioners<br>in March | Net Supplements<br>Paid During<br>Fiscal Year (a) | Province and year                        | Pensioners<br>in March | Net Supplements<br>Paid During<br>Fiscal Year (a) |
|-------------------------------|------------------------|---|--|------------------------|---|
|                               | No.                    | \$  |  | No.                    | \$  |
| Newfoundland.....1967         | 18,037                 | 1,520,404   | Manitoba.....1967                        | 35,633                 | 2,731,259   |
| 1968                          | 21,165                 | 4,873,628   | 1968                                     | 44,323                 | 13,587,590  |
| 1969                          | 23,004                 | 7,378,966   | 1969                                     | 46,248                 | 14,369,685  |
| 1970                          | 24,835                 | 8,412,681   | 1970                                     | 47,575                 | 15,545,125  |
| 1971                          | 25,914                 | 9,077,141   | 1971                                     | 49,356                 | 16,379,446  |
| Prince Edward Island.....1967 | 6,444                  | 521,776   | Saskatchewan.....1967                    | 33,132                 | 2,545,612   |
| 1968                          | 7,801                  | 1,941,171   | 1968                                     | 40,564                 | 13,463,882  |
| 1969                          | 8,285                  | 2,564,376   | 1969                                     | 41,711                 | 13,099,339  |
| 1970                          | 8,612                  | 2,776,288   | 1970                                     | 43,846                 | 14,197,485  |
| 1971                          | 8,884                  | 2,924,997   | 1971                                     | 48,436                 | 15,595,408  |
| Nova Scotia.....1967          | 30,613                 | 2,464,576   | Alberta.....1967                         | 36,526                 | 2,863,528   |
| 1968                          | 38,230                 | 10,739,242  | 1968                                     | 50,267                 | 15,788,848  |
| 1969                          | 40,005                 | 12,767,582  | 1969                                     | 53,927                 | 17,270,807  |
| 1970                          | 41,408                 | 13,467,226  | 1970                                     | 56,893                 | 20,387,664  |
| 1971                          | 44,893                 | 14,943,475  | 1971                                     | 60,089                 | 22,266,374  |
| New Brunswick.....1967        | 21,937                 | 1,795,836   | British Columbia.....1967                | 57,922                 | 4,421,545   |
| 1968                          | 28,691                 | 8,026,962   | 1968                                     | 79,674                 | 27,664,511  |
| 1969                          | 30,182                 | 9,555,197   | 1969                                     | 82,716                 | 25,784,016  |
| 1970                          | 31,730                 | 10,432,556  | 1970                                     | 85,552                 | 27,401,086  |
| 1971                          | 33,889                 | 11,137,999  | 1971                                     | 91,589                 | 28,527,967  |
| Quebec.....1967               | 136,306                | 10,968,346  | Yukon and Northwest Territories.....1967 | 51                     | 3,127   |
| 1968                          | 187,943                | 54,423,691  | 1968                                     | 761                    | 198,531   |
| 1969                          | 207,869                | 66,181,574  | 1969                                     | 829                    | 296,820   |
| 1970                          | 224,409                | 73,375,872  | 1970                                     | 876                    | 328,230   |
| 1971                          | 230,492                | 80,259,161  | 1971                                     | 973                    | 369,308   |
| Ontario.....1967              | 128,639                | 9,761,469   | Canada.....1967                          | 505,240                | 39,597,478  |
| 1968                          | 215,229                | 84,127,095  | 1968                                     | 714,648                | 234,835,151                                       |
| 1969                          | 240,258                | 75,201,906  | 1969                                     | 775,034                | 244,470,268                                       |
| 1970                          | 247,099                | 77,154,415  | 1970                                     | 812,835                | 263,478,628                                       |
| 1971                          | 265,877                | 78,524,095  | 1971                                     | 860,392                | 280,005,371                                       |

(a) 1967 figures cover three months; program became effective January 1, 1967.

TABLE 23 - NUMBERS AND PERCENTAGES OF THE POPULATION RECEIVING GIS AS OF JANUARY 1, 1969 AND 1970, BY SEX AND AGE(a)

| Sex<br>and<br>Age | As of January 1, 1969 |  |                            |       | As of January 1, 1970 |  |                            |       |
|-------------------|-----------------------|--|----------------------------|-------|-----------------------|--|----------------------------|-------|
|                   | Number                | Per cent of Population(b)<br>Receiving GIS and |                            |       | Number                | Per cent of Population(b)<br>Receiving GIS and |                            |       |
|                   |                       | Without<br>other<br>income(c)                  | With<br>other<br>income(c) | Total |                       | Without<br>other<br>income(c)                  | With<br>other<br>income(c) | Total |
| Male              |                       |  |                            |       |                       |  |                            |       |
| 65(d)             | 0                     | 0.0  | 0.0                        | 0.0   | 10,215                | 9.4  | 7.1                        | 16.7  |
| 66                | 11,090                | 10.3   | 9.3                        | 19.6  | 12,695                | 11.8   | 10.2                       | 22.0  |
| 67                | 11,615                | 12.5   | 9.5                        | 22.0  | 14,715                | 13.4   | 13.7                       | 27.1  |
| 68                | 14,685                | 17.7   | 11.8                       | 29.5  | 15,185                | 16.0   | 13.8                       | 29.8  |
| 69                | 13,080                | 16.9   | 10.9                       | 27.8  | 17,075                | 19.0   | 16.6                       | 35.6  |
| 70 - 74           | 74,195                | 21.4   | 15.5                       | 36.9  | 75,070                | 19.8   | 17.3                       | 37.1  |
| 75 - 79           | 66,950                | 26.1   | 21.3                       | 47.4  | 67,285                | 25.2   | 21.9                       | 47.1  |
| 80 - 84           | 47,805                | 33.4   | 24.8                       | 58.2  | 47,830                | 31.5   | 26.5                       | 58.0  |
| 85 - 89           | 21,225                | 36.5   | 23.5                       | 60.0  | 22,140                | 34.7   | 26.1                       | 60.8  |
| 90 - 94           | 5,165                 | 37.0   | 20.4                       | 57.4  | 6,415                 | 41.2   | 27.8                       | 69.0  |
| 95 plus           | 1,420                 | 59.3   | 29.4                       | 88.7  | 1,225                 | 46.8   | 25.3                       | 72.1  |
| All ages          | 267,230               | 22.7   | 16.8                       | 39.5  | 289,850               | 20.9   | 17.9                       | 38.8  |
| Female            |                       |  |                            |       |                       |  |                            |       |
| 65(d)             | 0                     | 0.0  | 0.0                        | 0.0   | 19,145                | 20.8   | 8.8                        | 29.6  |
| 66                | 18,390                | 22.3   | 8.1                        | 30.4  | 19,920                | 22.4   | 9.7                        | 32.1  |
| 67                | 18,475                | 23.4   | 8.4                        | 32.0  | 21,225                | 24.8   | 10.9                       | 35.7  |
| 68                | 22,235                | 29.7   | 10.5                       | 40.2  | 20,585                | 24.7   | 11.5                       | 36.2  |
| 69                | 21,155                | 27.8   | 12.0                       | 39.8  | 24,520                | 29.4   | 15.7                       | 45.1  |
| 70 - 74           | 112,185               | 32.7   | 14.6                       | 47.3  | 109,825               | 30.3   | 15.4                       | 45.7  |
| 75 - 79           | 98,465                | 37.9   | 19.0                       | 56.9  | 97,155                | 33.8   | 20.2                       | 54.0  |
| 80 - 84           | 69,650                | 46.2   | 21.4                       | 67.6  | 70,125                | 40.5   | 25.2                       | 65.7  |
| 86 - 89           | 33,215                | 45.6   | 24.3                       | 69.9  | 35,360                | 45.4   | 26.2                       | 71.6  |
| 90 - 94           | 11,230                | 52.0   | 25.4                       | 77.4  | 10,945                | 49.0   | 24.5                       | 73.5  |
| 95 plus           | 3,135                 | 61.9   | 30.3                       | 92.2  | 2,925                 | 69.4   | 22.0                       | 91.4  |
| All ages          | 408,135               | 34.8   | 15.9                       | 50.7  | 431,730               | 31.5   | 16.9                       | 48.4  |
| Both Sexes        |                       |  |                            |       |                       |  |                            |       |
| 65(d)             | 0                     | 0.0  | 0.0                        | 0.0   | 29,360                | 15.3   | 8.1                        | 23.4  |
| 66                | 29,480                | 16.5   | 8.7                        | 25.2  | 32,615                | 17.3   | 9.9                        | 27.2  |
| 67                | 30,090                | 18.2   | 9.0                        | 27.2  | 35,940                | 19.4   | 12.2                       | 31.6  |
| 68                | 36,920                | 24.0   | 11.1                       | 35.1  | 35,770                | 20.6   | 12.6                       | 33.2  |
| 69                | 34,235                | 22.6   | 11.5                       | 34.1  | 41,595                | 24.6   | 16.1                       | 40.7  |
| 70 - 74           | 186,380               | 27.6   | 15.0                       | 42.6  | 184,895               | 25.6   | 16.2                       | 41.8  |
| 75 - 79           | 165,415               | 32.6   | 20.0                       | 52.6  | 164,440               | 30.0   | 20.9                       | 50.9  |
| 80 - 84           | 117,455               | 40.5   | 22.9                       | 63.4  | 117,955               | 36.6   | 25.7                       | 62.3  |
| 85 - 89           | 54,440                | 41.8   | 23.9                       | 65.7  | 57,500                | 40.8   | 26.2                       | 67.0  |
| 90 - 94           | 16,395                | 46.3   | 23.5                       | 69.8  | 17,360                | 46.0   | 25.7                       | 71.7  |
| 95 plus           | 4,555                 | 61.1   | 30.0                       | 91.1  | 4,150                 | 61.5   | 23.2                       | 84.7  |
| All ages          | 675,365               | 29.3   | 16.3                       | 45.6  | 721,580               | 26.7   | 17.5                       | 44.2  |

(a) Based on samples of GIS applications.

(b) Based on intercensal estimates of population as of June 1, 1968 and June 1, 1969 by Statistics Canada.

(c) That is, exclusive of OAS and GIS during the previous calendar year.

(d) Not eligible for either OAS or GIS at age 65 years in 1969.



TABLE 24 - INCOME STATUS DURING PREVIOUS YEAR OF OAS PENSIONERS RECEIVING GIS  
AS OF JANUARY 1, 1969 AND 1970, BY SEX, AGE, AND MARITAL STATUS(a)

| Sex<br>and<br>Age | Not-married(b)<br>pensioners   |      |                           |      | Married pensioners in<br>two-pensioner families |      |                           |      | Married pensioners in<br>one-pensioner families |      |                             |       |
|-------------------|--------------------------------|------|---------------------------|------|---|------|---------------------------|------|---|------|-----------------------------|-------|
|                   | Per cent<br>with<br>income (c) |      | Average (d)<br>income (c) |      | Per cent<br>with<br>income (c)                  |      | Average (d)<br>income (c) |      | Per cent (e)<br>with<br>income (c)              |      | Average (d)<br>income (c,e) |       |
|                   | 1968 (f)                       | 1969 | 1968                      | 1969 | 1968  | 1969 | 1968                      | 1969 | 1968  | 1969 | 1968                        | 1969  |
|                   | %                              | %    | \$                        | \$   | %   | %    | \$                        | \$   | %   | %    | \$                          | \$    |
| Male              |                                |      |                           |      |   |      |                           |      |   |      |                             |       |
| 65 (g)            | 0.0                            | 29.3 | 0                         | 237  | 0.0   | 50.0 | 0                         | 473  | 0.0   | 53.0 | 0                           | 897   |
| 66                | 30.9                           | 26.6 | 290                       | 243  | 52.7  | 53.3 | 597                       | 595  | 61.3  | 59.9 | 1,044                       | 842   |
| 67                | 27.3                           | 32.2 | 260                       | 236  | 43.3  | 55.9 | 434                       | 561  | 54.9  | 62.3 | 845                         | 810   |
| 68                | 27.0                           | 34.4 | 248                       | 196  | 49.6  | 47.2 | 520                       | 446  | 47.1  | 57.5 | 867                         | 774   |
| 69                | 25.3                           | 29.3 | 189                       | 219  | 51.2  | 58.2 | 578                       | 509  | 44.6  | 55.7 | 917                         | 801   |
| 70 - 74           | 30.5                           | 33.8 | 220                       | 240  | 50.9  | 54.2 | 465                       | 445  | 43.6  | 52.3 | 775                         | 671   |
| 75 - 79           | 34.1                           | 37.4 | 256                       | 249  | 54.1  | 53.3 | 446                       | 435  | 42.4  | 45.3 | 667                         | 655   |
| 80 - 84           | 34.1                           | 36.1 | 271                       | 250  | 51.4  | 55.2 | 414                       | 413  | 46.8  | 42.6 | 622                         | 585   |
| 85 - 89           | 34.6                           | 38.0 | 245                       | 248  | 46.9  | 50.9 | 385                       | 385  | 32.0  | 39.6 | 179                         | 421   |
| 90 - 94           | 29.1                           | 37.8 | 275                       | 188  | 49.4  | 48.3 | 427                       | 328  | 33.3  | 20.0 | 948                         | 136   |
| 95 plus           | 29.6                           | 35.8 | 274                       | 219  | 40.4  | 46.2 | 817                       | 159  | 60.0  | 0    | 1,436                       | 0     |
| All ages          | 32.0                           | 34.9 | 249                       | 239  | 51.5  | 53.7 | 450                       | 439  | 47.3  | 54.1 | 824                         | 757   |
| Female            |                                |      |                           |      |   |      |                           |      |   |      |                             |       |
| 65 (g)            | 0.0                            | 32.4 | 0                         | 258  | 0.0   | 24.9 | 0                         | 271  | 0.0   | 32.5 | 0                           | 318   |
| 66                | 29.9                           | 33.8 | 294                       | 288  | 22.0  | 25.6 | 253                       | 235  | 18.0  | 26.7 | 162                         | 464   |
| 67                | 29.7                           | 30.8 | 247                       | 232  | 22.0  | 30.4 | 248                       | 249  | 24.9  | 25.0 | 443                         | 308   |
| 68                | 27.6                           | 37.2 | 262                       | 257  | 25.3  | 24.0 | 229                       | 236  | 7.0   | 37.4 | 795                         | 271   |
| 69                | 31.8                           | 39.1 | 248                       | 226  | 29.1  | 28.4 | 200                       | 225  | 6.2   | 19.0 | 328                         | 428   |
| 70 - 74           | 33.1                           | 35.4 | 248                       | 242  | 26.7  | 30.0 | 206                       | 198  | 16.3  | 33.9 | 134                         | 539   |
| 75 - 79           | 34.9                           | 38.7 | 252                       | 245  | 28.8  | 33.8 | 216                       | 190  | 19.0  | 19.0 | 529                         | 179   |
| 80 - 84           | 32.0                           | 39.0 | 241                       | 235  | 30.8  | 34.9 | 215                       | 193  | 0   | 12.5 | 0                           | 1,002 |
| 85 - 89           | 34.5                           | 36.7 | 237                       | 228  | 35.8  | 35.9 | 171                       | 220  | 100.0   | 50.0 | 380                         | 453   |
| 90 - 94           | 32.7                           | 33.3 | 196                       | 205  | 37.6  | 35.0 | 142                       | 157  | 0   | 0    | 0                           | 0     |
| 95 plus           | 24.0                           | 22.0 | 186                       | 176  | 14.3  | 57.1 | 116                       | 254  | 100.0   | 0    | 170                         | 0     |
| All ages          | 32.9                           | 36.7 | 246                       | 240  | 27.4  | 30.4 | 213                       | 210  | 16.0  | 29.5 | 314                         | 388   |
| Both sexes        |                                |      |                           |      |   |      |                           |      |   |      |                             |       |
| 65 (g)            | 0.0                            | 31.6 | 0                         | 253  | 0.0   | 29.4 | 0                         | 332  | 0.0   | 48.7 | 0                           | 814   |
| 66                | 30.2                           | 31.6 | 293                       | 277  | 28.5  | 31.3 | 390                       | 361  | 55.2  | 56.4 | 1,003                       | 824   |
| 67                | 29.0                           | 31.2 | 251                       | 233  | 26.5  | 37.6 | 312                       | 378  | 51.4  | 59.1 | 823                         | 792   |
| 68                | 27.4                           | 36.3 | 258                       | 238  | 32.3  | 31.2 | 358                       | 334  | 43.2  | 55.8 | 866                         | 745   |
| 69                | 30.0                           | 36.2 | 235                       | 225  | 36.1  | 39.5 | 369                       | 380  | 41.5  | 53.5 | 910                         | 794   |
| 70 - 74           | 32.4                           | 35.0 | 241                       | 241  | 37.6  | 41.7 | 364                       | 353  | 42.1  | 51.1 | 760                         | 666   |
| 75 - 79           | 34.7                           | 38.4 | 253                       | 246  | 43.6  | 45.2 | 383                       | 359  | 41.7  | 44.3 | 665                         | 646   |
| 80 - 84           | 32.6                           | 38.2 | 250                       | 239  | 44.6  | 48.6 | 368                       | 362  | 44.1  | 40.2 | 622                         | 595   |
| 85 - 89           | 34.5                           | 37.1 | 240                       | 234  | 44.0  | 46.8 | 337                       | 350  | 37.3  | 40.4 | 221                         | 424   |
| 90 - 94           | 31.8                           | 34.7 | 214                       | 199  | 47.0  | 45.7 | 380                       | 303  | 33.3  | 18.2 | 948                         | 136   |
| 95 plus           | 25.2                           | 25.3 | 205                       | 190  | 31.3  | 48.4 | 526                       | 202  | 57.1  | 0    | 1,120                       | 0     |
| All ages          | 32.7                           | 36.2 | 247                       | 240  | 39.6  | 42.2 | 368                       | 357  | 44.8  | 52.0 | 809                         | 739   |

- (a) Based on samples of GIS applications.  
(b) "Not-married pensioners" is defined as "persons who have never married, persons who are not now married because of death of spouse, divorce or legal separation, or persons whom the Minister has deemed to be not-married for purposes of the program."  
(c) Excluding OAS and GIS.  
(d) Per pensioner having income.  
(e) Of pensioners only.  
(f) The years shown are those in which the incomes were actually received. Thus the years 1968 and 1969 refer to the 1969 and 1970 GIS recipients respectively.  
(g) Not eligible for either OAS or GIS at age 65 years in 1969.

TABLE 25 - SOURCES AND AVERAGE AMOUNTS OF INCOME(a) FOR THE PREVIOUS YEAR,  
OF 1969 AND 1970 RECIPIENTS OF GIS, AND OF NON-PENSIONER SPOUSES,  
BY MARITAL STATUS, FEMALES(b)

| Source of income  | Not-married Pensioners(c) |         | Married Pensioners |         | Non-Pensioner Spouses |         |
|---|---------------------------|---------|--------------------|---------|-----------------------|---------|
|   | 1968(d)                   | 1969(e) | 1968(d)            | 1969(e) | 1968(f)               | 1969(g) |
| <b>1. Pensions, Annuities and Other Retirement Benefits</b> |                           |         |                    |         |                       |         |
| Number(h)   | 12,410                    | 15,590  | 2,020              | 2,685   | 860                   | 730     |
| Per cent of all with income(i)                              | 12.6                      | 13.7    | 6.9                | 7.2     | 7.0                   | 5.6     |
| Average amount of income(j)                                 | \$ 389                    | \$ 340  | \$ 544             | \$ 405  | \$ 668                | \$ 572  |
| <b>2. Earnings from Employment</b>                          |                           |         |                    |         |                       |         |
| Number(h)   | 2,890                     | 2,075   | 735                | 985     | 3,650                 | 4,280   |
| Per cent of all with income(i)                              | 2.9                       | 1.8     | 2.5                | 2.7     | 29.5                  | 32.6    |
| Average amount of income(j)                                 | \$ 247                    | \$ 285  | \$ 291             | \$ 373  | \$ 837                | \$ 773  |
| <b>3. Professional Fees Earned</b>                          |                           |         |                    |         |                       |         |
| Number(h)   | 205                       | 140     | 25                 | 45      | 80                    | 40      |
| Per cent of all with income(i)                              | 0.2                       | 0.1     | 0.1                | 0.1     | 0.6                   | 0.3     |
| Average amount of income(j)                                 | \$ 212                    | \$ 204  | \$ 415             | \$ 225  | \$ 1,204              | \$ 144  |
| <b>4. Net Profits from Business</b>                         |                           |         |                    |         |                       |         |
| Number(h)   | 750                       | 905     | 395                | 500     | 645                   | 635     |
| Per cent of all with income(i)                              | 0.7                       | 0.8     | 1.4                | 1.3     | 5.2                   | 4.8     |
| Average amount of income(j)                                 | \$ 255                    | \$ 194  | \$ 236             | \$ 360  | \$ 487                | \$ 440  |
| <b>5. Dividends</b>   |                           |         |                    |         |                       |         |
| Number(h)   | 12,165                    | 10,450  | 3,220              | 2,955   | 900                   | 955     |
| Per cent of all with income(i)                              | 12.3                      | 9.2     | 11.0               | 8.0     | 7.3                   | 7.3     |
| Average amount of income(j)                                 | \$ 168                    | \$ 167  | \$ 139             | \$ 130  | \$ 214                | \$ 168  |
| <b>6. Interest</b>  |                           |         |                    |         |                       |         |
| Number(h)   | 78,270                    | 93,660  | 25,195             | 32,260  | 6,740                 | 8,245   |
| Per cent of all with income(i)                              | 79.3                      | 82.4    | 86.3               | 87.0    | 54.5                  | 62.7    |
| Average amount of income(j)                                 | \$ 184                    | \$ 181  | \$ 168             | \$ 164  | \$ 210                | \$ 190  |
| <b>7. Net Rent</b>  |                           |         |                    |         |                       |         |
| Number(h)   | 8,280                     | 8,235   | 1,750              | 2,105   | 1,040                 | 600     |
| Per cent of all with income(i)                              | 7.9                       | 7.0     | 5.9                | 5.7     | 8.4                   | 4.6     |
| Average amount of income(j)                                 | \$ 216                    | \$ 234  | \$ 234             | \$ 299  | \$ 425                | \$ 259  |
| <b>8. Other Net Income</b>                                  |                           |         |                    |         |                       |         |
| Number(h)   | 2,545                     | 1,885   | 450                | 390     | 680                   | 510     |
| Per cent of all with income(i)                              | 2.6                       | 1.7     | 1.5                | 1.1     | 5.5                   | 3.9     |
| Average amount of income(j)                                 | \$ 203                    | \$ 213  | \$ 117             | \$ 150  | \$ 200                | \$ 201  |
| <b>9. All Sources</b>                                       |                           |         |                    |         |                       |         |
| Number with income  | 98,670                    | 113,640 | 29,205             | 37,060  | 12,205                | 13,140  |
| Average amount of income(j)                                 | \$ 249                    | \$ 240  | \$ 225             | \$ 216  | \$ 510                | \$ 456  |

(a) Exclusive of OAS and GIS.

(b) Based on samples of GIS applications.

(c) Defined as in Table 24, footnote (b).

(d) 1968 income of GIS recipients in pay as of January 1969 (66 years of age and over).

(e) 1969 income of GIS recipients in pay as of January 1970 (65 years of age and over).

(f) 1968 income of spouses of GIS recipients in pay as of January 1969 (66 years of age and over).

(g) 1969 income of spouses of GIS recipients in pay as of January 1970 (65 years of age and over).

(h) Since a person may have income from more than one source, there is duplication and the numbers having income from each source are not additive.

(i) That is, of all pensioners of same sex, married and not-married.

(j) From the specified source, for those with income from that source.

TABLE 26 - SOURCES AND AVERAGE AMOUNTS OF INCOME(a) FOR THE PREVIOUS YEAR,  
OF 1969 AND 1970 RECIPIENTS OF GIS, AND OF NON-PENSIONER SPOUSES,  
BY MARITAL STATUS, MALES(b)

| Source of Income  | Not-married Pensioners (c) |          | Married Pensioners |          | Non-Pensioner Spouses |          |
|---|----------------------------|----------|--------------------|----------|-----------------------|----------|
|   | 1968 (d)                   | 1969 (e) | 1968 (d)           | 1969 (e) | 1968 (f)              | 1969 (g) |
| <u>1. Pensions, Annuities and Other Retirement Benefits</u> |                            |          |                    |          |                       |          |
| Number(h)   | 7,075                      | 8,790    | 26,745             | 34,265   | 230                   | 360      |
| Per cent of all with income(i)                              | 19.4                       | 20.8     | 34.8               | 37.6     | 10.6                  | 15.9     |
| Average amount of income(j)                                 | \$ 383                     | \$ 326   | \$ 723             | \$ 621   | \$1,174               | \$ 941   |
| <u>2. Earnings from Employment</u>                          |                            |          |                    |          |                       |          |
| Number(h)   | 2,130                      | 2,025    | 8,450              | 8,360    | 1,165                 | 1,050    |
| Per cent of all with income(i)                              | 5.8                        | 4.8      | 11.0               | 9.2      | 53.9                  | 46.5     |
| Average amount of income(j)                                 | \$ 215                     | \$ 227   | \$ 615             | \$ 586   | \$ 919                | \$1,230  |
| <u>3. Professional Fees Earned</u>                          |                            |          |                    |          |                       |          |
| Number(h)   | 125                        | 85       | 330                | 435      | 40                    | -        |
| Per cent of all with income(i)                              | 0.3                        | 0.2      | 0.4                | 0.5      | 1.9                   | -        |
| Average amount of income(j)                                 | \$ 281                     | \$ 423   | \$ 622             | \$ 396   | \$ 700                | -        |
| <u>4. Net Profits from Business</u>                         |                            |          |                    |          |                       |          |
| Number(h)   | 1,080                      | 1,160    | 4,280              | 6,150    | 400                   | 340      |
| Per cent of all with income(i)                              | 2.8                        | 2.5      | 5.5                | 6.8      | 18.5                  | 15.0     |
| Average amount of income(j)                                 | \$ 230                     | \$ 139   | \$ 540             | \$ 583   | \$ 740                | \$ 760   |
| <u>5. Dividends</u>   |                            |          |                    |          |                       |          |
| Number(h)   | 2,725                      | 2,580    | 7,090              | 7,315    | 40                    | 200      |
| Per cent of all with income(i)                              | 7.5                        | 6.1      | 9.2                | 8.0      | 1.9                   | 8.8      |
| Average amount of income(j)                                 | \$ 147                     | \$ 158   | \$ 170             | \$ 197   | \$ 41                 | \$ 98    |
| <u>6. Interest</u>  |                            |          |                    |          |                       |          |
| Number(h)   | 27,310                     | 32,140   | 48,615             | 60,160   | 710                   | 1,035    |
| Per cent of all with income(i)                              | 74.7                       | 76.2     | 63.2               | 66.0     | 32.9                  | 45.8     |
| Average amount of income(j)                                 | \$ 166                     | \$ 173   | \$ 243             | \$ 237   | \$ 228                | \$ 299   |
| <u>7. Net Rent</u>  |                            |          |                    |          |                       |          |
| Number(h)   | 2,025                      | 1,615    | 7,375              | 6,960    | 225                   | 240      |
| Per cent of all with income(i)                              | 5.5                        | 3.8      | 9.3                | 7.6      | 10.4                  | 10.6     |
| Average amount of income(j)                                 | \$ 231                     | \$ 248   | \$ 386             | \$ 361   | \$ 436                | \$ 295   |
| <u>8. Other Net Income</u>                                  |                            |          |                    |          |                       |          |
| Number(h)   | 1,095                      | 635      | 2,565              | 1,485    | 100                   | 40       |
| Per cent of all with income(i)                              | 3.0                        | 1.5      | 3.3                | 1.6      | 3.7                   | 1.8      |
| Average amount of income(j)                                 | \$ 190                     | \$ 181   | \$ 276             | \$ 220   | \$ 179                | \$ 391   |
| <u>9. All Sources</u>                                       |                            |          |                    |          |                       |          |
| Number with income  | 36,555                     | 42,180   | 76,865             | 91,105   | 2,140                 | 2,260    |
| Average amount of income(j)                                 | \$ 248                     | \$ 237   | \$ 568             | \$ 532   | \$ 908                | \$1,020  |

(a) Exclusive of OAS and GIS.

(b) Based on samples of GIS applications.

(c) Defined as in Table 24, footnote (b).

(d) 1968 income of GIS recipients in pay as of January 1969 (66 years of age and over).

(e) 1969 income of GIS recipients in pay as of January 1970 (65 years of age and over).

(f) 1968 income of spouses of GIS recipients in pay as of January 1969 (66 years of age and over).

(g) 1969 income of spouses of GIS recipients in pay as of January 1970 (65 years of age and over).

(h) Since a person may have income from more than one source, there is duplication and the numbers having income from each source are not additive.

(i) That is, of all pensioners of same sex, married and not-married.

(j) From the specified source, for those with income from that source.



TABLE 27 - PER CENT OF RECIPIENTS OF GIS AS OF JANUARY 1, 1969 AND 1970, HAVING NO INCOME(a) IN THE PREVIOUS YEAR, BY SEX, AGE, AND MARITAL STATUS(b)

| Sex and age | Not-married pensioners (c) |          | Married Pensioners in two-pensioner families |          | Married pensioners in one-pensioner families |          |
|-------------|----------------------------|----------|--|----------|--|----------|
|             | 1968 (d)                   | 1969 (d) | 1968 (d)                                     | 1969 (d) | 1968 (d)                                     | 1969 (d) |
| Male        |                            |          |  |          |  |          |
| 65(e)       | 0.0                        | 70.7     | 0.0  | 50.0     | 0.0  | 47.0     |
| 66          | 69.1                       | 73.4     | 47.3   | 46.7     | 38.7   | 40.1     |
| 67          | 72.7                       | 67.8     | 56.7   | 44.1     | 45.1   | 37.7     |
| 68          | 73.0                       | 65.6     | 50.4   | 52.8     | 52.9   | 42.5     |
| 69          | 74.7                       | 70.7     | 48.8   | 41.8     | 55.4   | 44.3     |
| 70 - 74     | 69.5                       | 66.2     | 49.1   | 45.8     | 56.4   | 47.7     |
| 75 - 79     | 65.9                       | 62.6     | 45.9   | 46.7     | 57.6   | 54.7     |
| 80 - 84     | 65.9                       | 63.9     | 48.6   | 44.8     | 53.2   | 57.4     |
| 85 - 89     | 65.4                       | 62.0     | 53.1   | 49.1     | 68.0   | 60.4     |
| 90 - 94     | 70.9                       | 62.2     | 50.6   | 51.7     | 66.7   | 80.0     |
| 95 plus     | 70.4                       | 64.2     | 59.6   | 53.8     | 40.0   | 100.0    |
| All ages    | 68.0                       | 65.1     | 48.5   | 46.3     | 52.7   | 45.9     |
| Female      |                            |          |  |          |  |          |
| 65(e)       | 0.0                        | 67.6     | 0.0  | 75.1     | 0.0  | 67.5     |
| 66          | 70.1                       | 66.2     | 78.0   | 74.4     | 82.0   | 73.3     |
| 67          | 70.3                       | 69.2     | 78.0   | 69.6     | 75.1   | 75.0     |
| 68          | 72.4                       | 62.8     | 74.7   | 76.0     | 93.0   | 62.6     |
| 69          | 68.2                       | 60.9     | 70.9   | 71.6     | 93.8   | 81.0     |
| 70 - 74     | 66.9                       | 64.6     | 73.3   | 70.0     | 83.7   | 66.1     |
| 75 - 79     | 65.1                       | 61.3     | 71.2   | 66.2     | 81.0   | 81.0     |
| 80 - 84     | 68.0                       | 61.0     | 69.2   | 65.1     | 100.0  | 87.5     |
| 85 - 89     | 65.5                       | 63.3     | 64.2   | 64.1     | 0.0  | 50.0     |
| 90 - 94     | 67.3                       | 66.7     | 62.4   | 65.0     | -  | 100.0    |
| 95 plus     | 76.0                       | 78.0     | 85.7   | 42.9     | 0.0  | -        |
| All ages    | 67.1                       | 63.3     | 72.6   | 69.6     | 84.0   | 70.5     |
| Both Sexes  |                            |          |  |          |  |          |
| 65(e)       | 0.0                        | 68.4     | 0.0  | 70.6     | 0.0  | 51.3     |
| 66          | 69.8                       | 68.4     | 71.5   | 68.7     | 44.8   | 43.6     |
| 67          | 71.0                       | 68.8     | 73.5   | 62.4     | 48.6   | 40.9     |
| 68          | 72.6                       | 63.7     | 67.7   | 68.8     | 56.8   | 44.2     |
| 69          | 70.0                       | 63.8     | 63.9   | 60.5     | 58.5   | 46.5     |
| 70 - 74     | 67.6                       | 65.0     | 62.4   | 58.3     | 57.9   | 48.9     |
| 75 - 79     | 65.3                       | 61.6     | 56.4   | 54.8     | 58.3   | 55.7     |
| 80 - 84     | 67.4                       | 61.8     | 55.4   | 51.4     | 55.9   | 59.8     |
| 85 - 89     | 65.5                       | 62.9     | 56.0   | 53.2     | 62.7   | 59.6     |
| 90 - 94     | 68.2                       | 65.3     | 53.0   | 54.3     | 66.7   | 81.8     |
| 95 plus     | 74.8                       | 74.7     | 68.7   | 51.6     | 42.9   | 100.0    |
| All ages    | 67.3                       | 63.8     | 60.4   | 57.8     | 55.2   | 48.0     |

(a) That is, no income except OAS and GIS.

(b) Based on samples of GIS applications.

(c) Defined as in Table 24, footnote (b).

(d) The years shown are those in which the incomes were actually received. Thus the years 1968 and 1969 refer to the 1969 and 1970 GIS recipients respectively.

(e) Not eligible for either OAS or GIS at age 65 years in 1969.

TABLE 28 - PERCENTAGE DISTRIBUTIONS OF ALL GIS RECIPIENTS AND OF THOSE WITH INCOME, AND THEIR AVERAGE INCOMES, DURING THE PREVIOUS YEAR, AS OF JANUARY 1, 1969 AND 1970, BY SEX AND AGE(a)

| Sex<br>and<br>Age | All GIS<br>recipients |       | GIS recipients<br>with income(b) |         | Average income during<br>previous years(b) |         |                                  |         |
|-------------------|-----------------------|-------|----------------------------------|---------|--|---------|----------------------------------|---------|
|                   |                       |       |                                  |         | Of all GIS<br>recipients                   |         | Of GIS recipients<br>with income |         |
|                   | 1969                  | 1970  | 1968(c)                          | 1969(c) | 1968(c)                                    | 1969(c) | 1968(c)                          | 1969(c) |
|                   | %                     | %     | %                                | %       | \$   | \$      | \$                               | \$      |
| Male              |                       |       |                                  |         |  |         |                                  |         |
| 65(d)             | 0.0                   | 3.5   | 0.0                              | 3.3     | -  | 290     | -                                | 663     |
| 66                | 4.1                   | 4.4   | 4.7                              | 4.4     | 366  | 307     | 769                              | 665     |
| 67                | 4.3                   | 5.1   | 4.4                              | 5.6     | 279  | 316     | 648                              | 624     |
| 68                | 5.5                   | 5.3   | 5.2                              | 5.3     | 243  | 246     | 611                              | 531     |
| 69                | 4.9                   | 5.9   | 4.5                              | 6.0     | 246  | 256     | 623                              | 549     |
| 70 - 74           | 27.8                  | 25.9  | 27.4                             | 26.2    | 199  | 203     | 475                              | 437     |
| 75 - 79           | 25.1                  | 23.2  | 26.5                             | 23.4    | 183  | 182     | 408                              | 392     |
| 80 - 84           | 17.9                  | 16.5  | 18.0                             | 16.4    | 157  | 163     | 369                              | 358     |
| 85 - 89           | 8.0                   | 7.6   | 7.3                              | 7.1     | 120  | 134     | 308                              | 313     |
| 90 - 94           | 1.9                   | 2.2   | 1.6                              | 2.0     | 124  | 93      | 349                              | 232     |
| 95 plus           | .5                    | .4    | .4                               | .3      | 163  | 71      | 493                              | 202     |
| All ages          | 100.0                 | 100.0 | 100.0                            | 100.0   | 195  | 202     | 459                              | 440     |
| Female            |                       |       |                                  |         |  |         |                                  |         |
| 65(d)             | 0.0                   | 4.4   | 0.0                              | 3.8     | -  | 79      | -                                | 266     |
| 66                | 4.5                   | 4.6   | 3.9                              | 4.0     | 75   | 84      | 279                              | 276     |
| 67                | 4.5                   | 4.9   | 3.8                              | 4.3     | 68   | 73      | 255                              | 241     |
| 68                | 5.4                   | 4.8   | 4.6                              | 4.3     | 67   | 80      | 255                              | 251     |
| 69                | 5.2                   | 5.7   | 5.0                              | 5.7     | 70   | 79      | 230                              | 227     |
| 70 - 74           | 27.5                  | 25.4  | 27.0                             | 24.5    | 72   | 78      | 235                              | 231     |
| 75 - 79           | 24.1                  | 22.5  | 25.7                             | 24.1    | 82   | 87      | 245                              | 232     |
| 80 - 84           | 17.1                  | 16.3  | 17.2                             | 17.8    | 75   | 88      | 237                              | 229     |
| 85 - 89           | 8.1                   | 8.2   | 9.1                              | 8.6     | 80   | 84      | 232                              | 228     |
| 90 - 94           | 2.8                   | 2.5   | 2.9                              | 2.4     | 64   | 99      | 194                              | 203     |
| 95 plus           | .8                    | .7    | .8                               | .5      | 60   | 45      | 184                              | 187     |
| All ages          | 100.0                 | 100.0 | 100.0                            | 100.0   | 75   | 82      | 239                              | 234     |
| Both Sexes        |                       |       |                                  |         |  |         |                                  |         |
| 65(d)             | 0.0                   | 4.1   | 0.0                              | 3.7     | -  | 153     | -                                | 441     |
| 66                | 4.4                   | 4.5   | 4.2                              | 4.3     | 184  | 171     | 532                              | 468     |
| 67                | 4.5                   | 5.0   | 4.1                              | 4.9     | 150  | 173     | 453                              | 446     |
| 68                | 5.4                   | 4.9   | 4.9                              | 4.8     | 137  | 150     | 433                              | 396     |
| 69                | 5.1                   | 5.8   | 4.8                              | 5.8     | 137  | 152     | 406                              | 383     |
| 70 - 74           | 27.6                  | 25.6  | 27.2                             | 25.1    | 123  | 129     | 349                              | 331     |
| 75 - 79           | 24.5                  | 22.8  | 26.1                             | 23.7    | 123  | 126     | 323                              | 306     |
| 80 - 84           | 17.4                  | 16.3  | 17.6                             | 17.1    | 108  | 118     | 300                              | 287     |
| 85 - 89           | 8.0                   | 8.0   | 8.2                              | 7.9     | 96   | 103     | 263                              | 264     |
| 90 - 94           | 2.4                   | 2.4   | 2.3                              | 2.2     | 83   | 182     | 245                              | 215     |
| 95 plus           | .7                    | .6    | .6                               | .5      | 92   | 53      | 281                              | 193     |
| All ages          | 100.0                 | 100.0 | 100.0                            | 100.0   | 122  | 130     | 342                              | 331     |

(a) Based on samples of GIS applications.

(b) Excluding OAS and GIS.

(c) The years shown in these columns are those in which the incomes were actually received. Thus, the years 1968 and 1969 refer to the 1969 and 1970 GIS recipients respectively.

(d) Not eligible for either OAS or GIS at age 65 years in 1969.

TABLE 29 - OAS PENSIONERS BY GIS STATUS, NUMBERS AND PERCENTAGES, BY PROVINCE,  
MAY 1971, AND FOR CANADA, MAY 1967 TO 1971

| Province              | Number of OAS pensioners |             |                  |               | Percentage of OAS pensioners |             |                  |               |
|-----------------------|--------------------------|-------------|------------------|---------------|------------------------------|-------------|------------------|---------------|
|                       | Total                    | Without GIS | With partial GIS | With full GIS | Total                        | Without GIS | With partial GIS | With full GIS |
| Newfoundland          | 32,154                   | 5,152       | 6,943            | 20,059        | 100.0                        | 16.0        | 21.6             | 62.4          |
| Prince Edward Island  | 12,336                   | 2,798       | 4,426            | 5,112         | 100.0                        | 22.7        | 35.9             | 41.4          |
| Nova Scotia           | 71,845                   | 23,826      | 27,142           | 20,877        | 100.0                        | 33.2        | 37.8             | 29.0          |
| New Brunswick         | 54,189                   | 17,521      | 21,276           | 15,392        | 100.0                        | 32.3        | 39.3             | 28.4          |
| Quebec                | 411,099                  | 161,978     | 96,662           | 152,459       | 100.0                        | 39.4        | 23.5             | 37.1          |
| Ontario               | 636,562                  | 337,750     | 157,015          | 141,797       | 100.0                        | 53.1        | 24.7             | 22.3          |
| Manitoba              | 96,004                   | 39,950      | 30,621           | 25,433        | 100.0                        | 41.6        | 31.9             | 26.5          |
| Saskatchewan          | 94,017                   | 39,367      | 28,735           | 25,915        | 100.0                        | 41.9        | 30.5             | 27.6          |
| Alberta               | 117,045                  | 49,615      | 35,611           | 31,819        | 100.0                        | 42.4        | 30.4             | 27.2          |
| British Columbia      | 201,766                  | 97,202      | 57,291           | 47,273        | 100.0                        | 48.2        | 28.4             | 23.4          |
| Northwest Territories | 833                      | 114         | 161              | 558           | 100.0                        | 13.7        | 19.3             | 67.0          |
| Yukon Territory       | 492                      | 196         | 103              | 193           | 100.0                        | 39.9        | 20.9             | 39.2          |
| Canada 1971           | 1,728,342                | 775,469     | 465,986          | 486,887       | 100.0                        | 44.9        | 26.9             | 28.2          |
| 1970                  | 1,683,837                | 868,877     | 338,904          | 476,056       | 100.0                        | 51.6        | 20.1             | 28.3          |
| 1969                  | 1,513,284                | 736,546     | 302,507          | 474,231       | 100.0                        | 48.7        | 20.0             | 31.3          |
| 1968                  | 1,365,453                | 629,435     | 298,930          | 437,088       | 100.0                        | 46.1        | 21.9             | 32.0          |
| 1967                  | 1,239,385                | 561,827     | 260,183          | 417,375       | 100.0                        | 45.3        | 21.0             | 33.7          |



The program is administered by the Department of National Health and Welfare through regional offices located in each provincial capital. The Regional Director located at Edmonton also administers the accounts of residents in the Yukon Territory and Northwest Territories. Table 30 gives statistics for each province for recent years.

The federal government pays family assistance, at the rates applicable for family allowances, for each child under 16 years of age resident in Canada and supported by an immigrant who has landed for permanent residence in Canada, or by a Canadian returned to Canada to reside permanently. The assistance, which is payable monthly for the first year of the child's residence in Canada, is intended to bridge the gap until the child becomes eligible for family allowances. The eligibility requirements, other than those relating to residence, are the same for family assistance as for family allowances.

The Province of Quebec introduced its own family allowances program, supplementing the federal scheme, under legislation enacted in 1967, and Newfoundland in 1966 introduced a program called the Parents' Supplement (Schooling Allowances), under which payments are made for children attending school. (See pp. 120-121).

#### Subsection 4 - Youth Allowances

Legislation providing for a program of youth allowances became effective September 1, 1964. The federal government does not provide youth allowances in Quebec, which has had its own program, called schooling allowances, since 1961. With the introduction of the federal scheme, Quebec agreed to make certain changes in its schooling allowances program so that it would be comparable to the federal measure; since then that province has been compensated by a tax abatement adjusted to equal the amount that the federal government would otherwise have paid in allowances to Quebec residents. The federal youth allowances and the Quebec schooling allowances programs cover all eligible young people in Canada.

Under the federal program, monthly allowances of \$10 are payable in respect of all dependent children aged 16 and 17 who are receiving full-time educational training or are

TABLE 30 - FAMILY ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1971

| Province and year           | Families<br>receiving<br>allowance<br>in March | Children<br>for whom<br>allowance<br>paid in<br>March | Average<br>number of<br>children<br>per family<br>in March | Average<br>allowance (a) |              | Net<br>total<br>allowances<br>paid during<br>fiscal year |
|-----------------------------|--|---|--|--------------------------|--------------|--|
|                             |  |   |  | Per<br>family            | Per<br>child |  |
|                             | No.  | No.   | No.  | \$                       | \$           | \$   |
| Newfoundland.....1966       | 69,346   | 210,512   | 3.04   | 20.40                    | 6.71         | 16,945,059   |
| 1967                        | 70,435   | 210,082   | 2.98   | 20.08                    | 6.73         | 16,960,053   |
| 1968                        | 72,041   | 210,812   | 2.93   | 19.70                    | 6.73         | 16,983,302   |
| 1969                        | 73,786   | 210,938   | 2.86   | 19.27                    | 6.76         | 17,046,934   |
| 1970                        | 74,922   | 209,866   | 2.80   | 18.89                    | 6.75         | 17,048,134   |
| 1971                        | 76,405   | 208,804   | 2.73   | 18.46                    | 6.76         | 16,942,945   |
| Prince Edward Island...1966 | 14,054   | 39,632  | 2.82   | 19.03                    | 6.75         | 3,231,716  |
| 1967                        | 14,099   | 39,342  | 2.79   | 18.81                    | 6.74         | 3,190,484  |
| 1968                        | 14,236   | 39,100  | 2.75   | 18.60                    | 6.77         | 3,178,692  |
| 1969                        | 14,312   | 38,684  | 2.70   | 18.32                    | 6.79         | 3,159,590  |
| 1970                        | 14,328   | 37,966  | 2.65   | 18.03                    | 6.80         | 3,120,546  |
| 1971                        | 14,577   | 37,755  | 2.59   | 17.67                    | 6.82         | 3,091,849  |
| Nova Scotia.....1966        | 104,856  | 267,689   | 2.55   | 17.18                    | 6.74         | 21,636,528   |
| 1967                        | 105,214  | 264,998   | 2.52   | 17.01                    | 6.75         | 21,507,992   |
| 1968                        | 106,712  | 263,340   | 2.47   | 16.73                    | 6.78         | 21,410,766   |
| 1969                        | 107,741  | 261,086   | 2.42   | 16.43                    | 6.79         | 21,307,047   |
| 1970                        | 108,451  | 257,330   | 2.37   | 16.16                    | 6.82         | 21,145,467   |
| 1971                        | 110,278  | 256,085   | 2.32   | 15.86                    | 6.84         | 21,016,284   |
| New Brunswick.....1966      | 82,851   | 233,724   | 2.82   | 19.05                    | 6.76         | 18,982,908   |
| 1967                        | 82,929   | 229,798   | 2.77   | 18.76                    | 6.77         | 18,752,034   |
| 1968                        | 84,108   | 227,747   | 2.71   | 18.37                    | 6.79         | 18,595,852   |
| 1969                        | 85,840   | 224,085   | 2.61   | 17.76                    | 6.80         | 18,399,405   |
| 1970                        | 86,141   | 218,999   | 2.54   | 17.34                    | 6.83         | 18,070,949   |
| 1971                        | 87,622   | 216,827   | 2.47   | 16.90                    | 6.84         | 17,809,571   |
| Quebec.....1966             | 792,955  | 2,043,428   | 2.57   | 17.38                    | 6.76         | 164,972,052  |
| 1967                        | 805,315  | 2,034,966   | 2.53   | 17.10                    | 6.77         | 165,095,827  |
| 1968                        | 818,220  | 2,025,173   | 2.48   | 16.78                    | 6.78         | 164,637,234  |
| 1969                        | 829,169  | 1,998,409   | 2.41   | 16.40                    | 6.80         | 163,502,053  |
| 1970                        | 837,683  | 1,963,792   | 2.34   | 16.01                    | 6.84         | 161,788,099  |
| 1971                        | 843,472  | 1,917,469   | 2.27   | 15.62                    | 6.88         | 159,083,996  |
| Ontario.....1966            | 983,502  | 2,284,059   | 2.32   | 15.61                    | 6.73         | 182,377,587  |
| 1967                        | 1,007,038                                      | 2,308,919   | 2.29   | 15.48                    | 6.75         | 185,309,485  |
| 1968                        | 1,029,734                                      | 2,329,769   | 2.26   | 15.30                    | 6.76         | 187,635,949  |
| 1969                        | 1,048,475                                      | 2,337,972   | 2.23   | 15.13                    | 6.78         | 189,231,474  |
| 1970                        | 1,065,683                                      | 2,363,271   | 2.22   | 14.98                    | 6.75         | 190,401,103  |
| 1971                        | 1,087,721                                      | 2,370,500   | 2.18   | 14.71                    | 6.75         | 191,449,526  |

(a) Based on gross payment for March.

TABLE 30 - FAMILY ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1971 (Concluded)

| Province and year                        | Families receiving allowance in March | Children for whom allowance paid in March | Average number of children per family in March | Average allowance (a) |           | Net total allowances paid during fiscal year |
|--|---------------------------------------|---|--|-----------------------|-----------|--|
|  |                                       |   |  | Per family            | Per child |  |
|  | No.                                   | No.                                       | No.  | \$                    | \$        | \$   |
| Manitoba.....1966                        | 132,148                               | 321,747                                   | 2.43   | 16.30                 | 6.71      | 25,925,991                                   |
| 1967                                     | 131,011                               | 315,166                                   | 2.41   | 16.26                 | 6.76      | 25,651,443                                   |
| 1968                                     | 131,098                               | 312,777                                   | 2.39   | 16.12                 | 6.76      | 25,432,808                                   |
| 1969                                     | 132,233                               | 311,607                                   | 2.36   | 15.96                 | 6.76      | 25,331,933                                   |
| 1970                                     | 132,530                               | 307,626                                   | 2.32   | 15.78                 | 6.80      | 25,165,427                                   |
| 1971                                     | 134,338                               | 306,426                                   | 2.28   | 15.47                 | 6.79      | 24,977,643                                   |
| Saskatchewan.....1966                    | 131,266                               | 332,952                                   | 2.54   | 17.11                 | 6.74      | 26,988,369                                   |
| 1967                                     | 130,876                               | 330,015                                   | 2.52   | 17.05                 | 6.76      | 26,870,934                                   |
| 1968                                     | 131,164                               | 326,957                                   | 2.49   | 16.90                 | 6.78      | 26,710,541                                   |
| 1969                                     | 130,999                               | 321,791                                   | 2.46   | 16.72                 | 6.80      | 26,470,525                                   |
| 1970                                     | 128,328                               | 312,003                                   | 2.43   | 16.58                 | 6.82      | 25,937,454                                   |
| 1971                                     | 125,397                               | 301,674                                   | 2.40   | 16.36                 | 6.82      | 24,997,113                                   |
| Alberta.....1966                         | 213,489                               | 525,859                                   | 2.46   | 16.58                 | 6.74      | 42,345,742                                   |
| 1967                                     | 216,086                               | 527,411                                   | 2.44   | 16.50                 | 6.76      | 42,563,978                                   |
| 1968                                     | 220,778                               | 531,409                                   | 2.41   | 16.35                 | 6.79      | 42,990,910                                   |
| 1969                                     | 226,628                               | 535,468                                   | 2.36   | 16.12                 | 6.83      | 43,554,268                                   |
| 1970                                     | 231,903                               | 539,975                                   | 2.33   | 15.90                 | 6.82      | 44,001,049                                   |
| 1971                                     | 237,198                               | 546,520                                   | 2.30   | 15.63                 | 6.80      | 44,260,032                                   |
| British Columbia.....1966                | 254,871                               | 589,041                                   | 2.31   | 15.60                 | 6.75      | 47,006,572                                   |
| 1967                                     | 264,480                               | 605,443                                   | 2.29   | 15.50                 | 6.77      | 48,525,782                                   |
| 1968                                     | 273,093                               | 616,519                                   | 2.26   | 15.34                 | 6.80      | 49,773,623                                   |
| 1969                                     | 280,671                               | 624,487                                   | 2.22   | 15.20                 | 6.85      | 50,686,069                                   |
| 1970                                     | 289,747                               | 634,712                                   | 2.19   | 15.01                 | 6.85      | 51,646,363                                   |
| 1971                                     | 298,894                               | 641,546                                   | 2.15   | 14.78                 | 6.87      | 52,514,320                                   |
| Yukon and Northwest Territories.....1966 | 6,298                                 | 16,414                                    | 2.61   | 17.21                 | 6.60      | 1,322,300                                    |
| 1967                                     | 6,458                                 | 16,734                                    | 2.59   | 17.84                 | 6.88      | 1,366,935                                    |
| 1968                                     | 6,917                                 | 17,883                                    | 2.59   | 17.71                 | 6.85      | 1,424,781                                    |
| 1969                                     | 7,230                                 | 18,373                                    | 2.54   | 17.57                 | 6.92      | 1,496,764                                    |
| 1970                                     | 7,840                                 | 19,762                                    | 2.52   | 17.26                 | 6.85      | 1,585,909                                    |
| 1971                                     | 8,521                                 | 20,873                                    | 2.45   | 17.26                 | 7.04      | 1,698,644                                    |
| Canada 1966                              | 2,785,636                             | 6,865,057                                 | 2.46   | 16.59                 | 6.74      | 551,734,824                                  |
| 1967                                     | 2,833,941                             | 6,882,874                                 | 2.43   | 16.42                 | 6.76      | 555,794,947                                  |
| 1968                                     | 2,888,101                             | 6,901,486                                 | 2.39   | 16.19                 | 6.77      | 558,774,458                                  |
| 1969                                     | 2,937,084                             | 6,882,900                                 | 2.39   | 15.93                 | 6.81      | 560,186,052                                  |
| 1970                                     | 2,977,556                             | 6,865,302                                 | 2.31   | 15.68                 | 6.79      | 560,049,848                                  |
| 1971                                     | 3,024,423                             | 6,824,479                                 | 2.26   | 15.37                 | 6.80      | 557,841,923                                  |

(a) Based on gross payment for March.



precluded from doing so by reason of physical or mental infirmity. Both the parent or guardian and the child must normally be physically present and living in a province other than Quebec. The allowance is not payable to a parent who resides in Quebec or outside Canada, regardless of where his child may be attending school. However, a child may attend school in Quebec or outside Canada or, if disabled, receive care or training in Quebec or outside Canada, and still be considered eligible, on the basis that he is a resident of a province other than Quebec but is temporarily absent.

Allowances normally commence with the month following that in which family allowances cease and continue until the school year terminates. They are paid retroactively for the summer months when the child returns to school at the commencement of the new school year, although allowances for a disabled child not attending school are payable continuously throughout the year. Should a student leave school, leave the country permanently, cease to be maintained, take up residence in Quebec, or die, the allowance will cease. Otherwise, the youth allowance continues until the end of the month in which the young person reaches age 18. Youth allowances are considered not to be income for any purpose of the Income Tax Act.

The program is administered by the Department of National Health and Welfare. The national director of the family allowances and old age security programs is also responsible for administering youth allowances, assisted by regional directors located in each of the provincial capitals other than Quebec City. The costs of youth allowances are met from the Consolidated Revenue Fund. Table 31 contains some statistics.

## Section 2 - Federal-Provincial Welfare Programs

### Subsection 1 - Canada Assistance Plan

The Canada Assistance Plan was enacted in 1966 as a comprehensive public assistance measure to complement other income security measures. It provides, under agreements with the provinces, for federal contributions of 50 per cent of the costs of assistance to persons in need and of the costs of certain welfare services. The plan has largely

TABLE 31 - YOUTH ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1971

| Province and year           | Youths for whom allowance paid in March |                                     |              | Net total allowance paid during fiscal year |
|-----------------------------|---|-------------------------------------|--------------|---|
|                             | Attending school full-time              | Having physical or mental infirmity | Total youths |   |
|                             | No.                                     | No.                                 | No.          | \$  |
| Newfoundland.....1966       | 14,970                                  | 151                                 | 15,121       | 1,591,901                                   |
| 1967                        | 15,527                                  | 157                                 | 15,684       | 1,686,661                                   |
| 1968                        | 15,867                                  | 157                                 | 16,024       | 1,747,142                                   |
| 1969                        | 17,047                                  | 159                                 | 17,206       | 1,865,324                                   |
| 1970                        | 17,886                                  | 160                                 | 18,046       | 1,967,468                                   |
| 1971                        | 18,517                                  | 165                                 | 18,682       | 2,060,939                                   |
| Prince Edward Island...1966 | 3,553                                   | 40                                  | 3,593        | 395,465                                     |
| 1967                        | 3,432                                   | 38                                  | 3,470        | 397,505                                     |
| 1968                        | 3,347                                   | 33                                  | 3,380        | 392,096                                     |
| 1969                        | 3,516                                   | 27                                  | 3,543        | 401,466                                     |
| 1970                        | 3,750                                   | 15                                  | 3,765        | 422,204                                     |
| 1971                        | 3,836                                   | 12                                  | 3,848        | 440,868                                     |
| Nova Scotia... ..1966       | 22,972                                  | 176                                 | 23,148       | 2,691,768                                   |
| 1967                        | 22,938                                  | 192                                 | 23,130       | 2,654,786                                   |
| 1968                        | 23,518                                  | 155                                 | 23,673       | 2,697,524                                   |
| 1969                        | 24,871                                  | 154                                 | 25,025       | 2,833,634                                   |
| 1970                        | 26,467                                  | 117                                 | 26,584       | 3,002,805                                   |
| 1971                        | 27,596                                  | 120                                 | 27,716       | 3,173,493                                   |
| New Brunswick.....1966      | 19,868                                  | 204                                 | 20,072       | 2,311,244                                   |
| 1967                        | 19,878                                  | 199                                 | 20,077       | 2,300,043                                   |
| 1968                        | 20,689                                  | 151                                 | 20,840       | 2,361,241                                   |
| 1969                        | 21,552                                  | 107                                 | 21,659       | 2,486,409                                   |
| 1970                        | 22,260                                  | 108                                 | 22,368       | 2,561,437                                   |
| 1971                        | 23,354                                  | 95                                  | 23,449       | 2,676,410                                   |
| Ontario.....1966            | 189,923                                 | 783                                 | 190,706      | 21,978,399                                  |
| 1967                        | 192,861                                 | 1,234                               | 194,095      | 22,491,673                                  |
| 1968                        | 207,176                                 | 1,399                               | 208,575      | 23,763,161                                  |
| 1969                        | 221,206                                 | 1,370                               | 222,576      | 25,343,412                                  |
| 1970                        | 232,114                                 | 1,157                               | 233,271      | 26,653,435                                  |
| 1971                        | 243,972                                 | 1,070                               | 245,042      | 28,054,017                                  |
| Manitoba.....1966           | 27,930                                  | 148                                 | 28,078       | 3,249,490                                   |
| 1967                        | 27,775                                  | 134                                 | 27,909       | 3,242,828                                   |
| 1968                        | 28,708                                  | 125                                 | 28,833       | 3,293,702                                   |
| 1969                        | 30,262                                  | 69                                  | 30,331       | 3,475,233                                   |
| 1970                        | 31,423                                  | 61                                  | 31,484       | 3,601,849                                   |
| 1971                        | 32,771                                  | 41                                  | 32,812       | 3,722,054                                   |

TABLE 31 - YOUTH ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1971 (Concluded)

| Province and year           | Youths for whom allowance paid in March |                                     |              | Net total allowance paid during fiscal year |
|-----------------------------|---|-------------------------------------|--------------|---|
|                             | Attending school full-time              | Having physical or mental infirmity | Total youths |   |
|                             | No.                                     | No.                                 | No.          | \$  |
| Saskatchewan.....1966       | 29,605                                  | 94                                  | 29,699       | 3,414,834                                   |
| 1967                        | 29,718                                  | 86                                  | 29,804       | 3,434,721                                   |
| 1968                        | 30,424                                  | 86                                  | 30,510       | 3,487,264                                   |
| 1969                        | 32,082                                  | 73                                  | 32,155       | 3,633,295                                   |
| 1970                        | 33,258                                  | 89                                  | 33,347       | 3,783,018                                   |
| 1971                        | 35,017                                  | 77                                  | 34,094       | 3,916,165                                   |
| Alberta.....1966            | 41,877                                  | 181                                 | 42,058       | 4,836,771                                   |
| 1967                        | 42,868                                  | 235                                 | 43,103       | 4,960,783                                   |
| 1968                        | 44,934                                  | 195                                 | 45,129       | 5,148,230                                   |
| 1969                        | 48,478                                  | 185                                 | 48,663       | 5,498,398                                   |
| 1970                        | 51,069                                  | 195                                 | 51,264       | 5,823,362                                   |
| 1971                        | 54,602                                  | 141                                 | 54,743       | 6,217,312                                   |
| British Columbia.....1966   | 51,556                                  | 214                                 | 51,770       | 5,934,292                                   |
| 1967                        | 54,039                                  | 252                                 | 54,291       | 6,159,249                                   |
| 1968                        | 56,731                                  | 208                                 | 56,939       | 6,462,040                                   |
| 1969                        | 60,318                                  | 184                                 | 60,502       | 6,836,640                                   |
| 1970                        | 63,381                                  | 173                                 | 63,554       | 7,195,255                                   |
| 1971                        | 67,453                                  | 179                                 | 67,632       | 7,656,133                                   |
| Yukon.....1966              | 258                                     | 1                                   | 259          | 30,210                                      |
| 1967                        | 243                                     | 1                                   | 244          | 28,044                                      |
| 1968                        | 280                                     | -                                   | 280          | 29,340                                      |
| 1969                        | 296                                     | -                                   | 296          | 33,534                                      |
| 1970                        | 313                                     | 1                                   | 314          | 39,394                                      |
| 1971                        | 402                                     | -                                   | 402          | 41,366                                      |
| Northwest Territories..1966 | 290                                     | -                                   | 290          | 34,176                                      |
| 1967                        | 312                                     | 2                                   | 314          | 39,340                                      |
| 1968                        | 377                                     | 5                                   | 382          | 45,240                                      |
| 1969                        | 427                                     | 2                                   | 429          | 49,928                                      |
| 1970                        | 479                                     | -                                   | 479          | 51,672                                      |
| 1971                        | 537                                     | 3                                   | 540          | 60,540                                      |
| Total.....1966              | 402,802                                 | 1,992                               | 404,794      | 46,468,550                                  |
| 1967                        | 409,591                                 | 2,530                               | 412,121      | 47,395,633                                  |
| 1968                        | 432,051                                 | 2,514                               | 434,565      | 49,426,980                                  |
| 1969                        | 460,055                                 | 2,330                               | 462,385      | 52,457,272                                  |
| 1970                        | 482,400                                 | 2,076                               | 484,476      | 55,101,899                                  |
| 1971                        | 507,057                                 | 1,903                               | 508,960      | 58,019,297                                  |



replaced the Unemployment Assistance Act, 1956, although the latter continues in effect in some provinces for an interim period with respect to certain programs that utilize a means test and are being phased out but that are not covered under the Canada Assistance Plan. All provinces had signed agreements under the Canada Assistance Plan by the end of August 1967 and the Yukon signed in December 1969. The arrangements for contracting out of certain shared-cost programs that were introduced in 1965 under the Established Programs (Interim Arrangements) Act are applied to Quebec's agreement. It is provided that the provinces may discontinue their programs of old age assistance, blind persons allowances, and disabled persons allowances and provide instead aid under their general programs, with costs shared under the plan (see pp. 99-102).

The plan extends federal sharing to include the following costs, which were not shared under the Unemployment Assistance Act: assistance to needy mothers with dependent children, maintenance of children in the care of provincially approved child welfare agencies, health care services to needy persons, and the extension of welfare services to prevent or remove causes of dependency or to assist recipients in achieving self-support.

Health care services may include medical, surgical, obstetrical, optical, dental, and nursing services; drugs; dressings; prosthetic appliances; and other items associated with the provision of such services. Welfare services may include rehabilitation services; casework; counselling and assessment services; adoption services; and homemaker, day-care, and similar services supplied to persons in need or to persons to whom the service is essential if they are to remain self-supporting.

The only eligibility requirement specified is that of need, which is determined through an assessment of budgetary requirements as well as of income and resources. A province must not require previous residence as a condition of eligibility for assistance or for continued assistance; rates of assistance and eligibility requirements are set by the province so that they may be adjusted to local conditions and the needs of special groups; and the provinces must establish procedures for appeal from decisions that relate to the provision of assistance.

The federal government reimburses the provinces for 50 per cent of the cost of assistance provided to persons in need and for 50 per cent of certain costs of improving or extending welfare services.

"Assistance" includes any form of aid to or on behalf of persons in need for the purpose of providing basic requirements such as food, shelter, and clothing; items necessary for the safety, well-being, or rehabilitation of a person in need, or for a handicapped person, such as special food or clothing, telephone, or rehabilitation allowance; maintenance in a home for special care such as a home for the aged, a nursing home, or a welfare institution for children; travel and transportation; funerals and burials; health care services; welfare services purchased by or at the request of provincially approved agencies; and comfort allowances for inmates of institutions.

The cost of improving and extending welfare services may be calculated either (1) as the amount by which the cost of providing welfare services exceeds that of the period from April 1, 1964 to March 31, 1965 or (2) as the cost of employing persons who are engaged wholly or mainly in the performance of welfare service functions and who are employed in positions filled after March 31, 1965. No province has followed the second alternative. Included for sharable purposes are the costs of salaries and employee benefits, travel, research, consultation, fees for conferences and seminars, and certain costs of staff training. The sharing of cost of work activity projects that prepare persons for employment and of the extension of provincial welfare services to Indians on reserves, on Crown lands, or in unorganized territory, is governed by special agreements.

Federal payments under the Canada Assistance Plan amounted to \$390.8 million in the fiscal year 1969-70 (see Table 32).

As noted above, all programs under which aid is based on a needs test are included for reimbursement under the Canada Assistance Plan under which all provinces and the Yukon have signed agreements.

The Unemployment Assistance Act, however, remains in effect in the Northwest Territories and, for a transitional

TABLE 32 - FEDERAL PAYMENTS UNDER THE CANADA ASSISTANCE PLAN, (a)  
BY PROVINCE, FISCAL YEARS 1967-68 TO 1970-71

| Province             | 1967-68       | 1968-69       | 1969-70       | 1970-71                    |
|----------------------|---------------|---------------|---------------|----------------------------|
| Newfoundland         | \$ 17,901,873 | \$ 21,061,808 | \$ 20,288,580 | \$ 21,966,470              |
| Prince Edward Island | 1,738,858     | 2,549,257     | 3,292,523     | 3,766,197                  |
| Nova Scotia          | 10,263,995    | 11,022,716    | 15,245,837    | 16,743,286                 |
| New Brunswick        | 7,185,018     | 9,905,988     | 11,795,292    | 15,242,214                 |
| Quebec               | (b)           | (b)           | (b)           | (b)                        |
| Ontario              | 100,287,774   | 118,303,660   | 131,838,661   | 176,163,385                |
| Manitoba             | 15,571,938    | 13,981,779    | 19,260,412    | 28,187,315                 |
| Saskatchewan         | 13,403,926    | 14,129,601    | 17,233,414    | 20,621,117                 |
| Alberta              | 26,538,313    | 28,634,906    | 31,334,876    | 39,191,982                 |
| British Columbia     | 32,719,792    | 37,215,888    | 43,086,262    | 68,207,041                 |
| Yukon                | -             | -             | 152,889 (c)   | 771,248                    |
| Total                | 225,611,487   | 256,805,603   | 293,528,746   | 390,860,255 <sup>(a)</sup> |

(a) Includes costs of public assistance payments, child welfare maintenance, health care, and extensions and improvements in welfare services. Includes payments made for claims received during the fiscal year for expenditures made in the previous fiscal year.

(b) Payments to Quebec are made by the Department of Finance under the terms of the Established Programs (Interim Arrangements) Act. Payments in 1967-68, 1968-69, 1969-70, and 1970-71 amounted to \$117 million, \$149.3 million, \$156.6 million and \$200.3 million respectively.

(c) Partial year only.

(d) An additional \$34,100 was spent under Section III (Work Activity).



period, in some provinces to cover certain means-test programs during the process of conversion to needs-test programs with sharing under the Canada Assistance Plan.

During the year ended March 31, 1971, the federal government made payments amounting to \$14 million for unemployment assistance, including payments to Quebec by the Department of Finance under the Established Programs (Interim Arrangements) Act.

### Subsection 2 - Allowances for Blind Persons

The Blind Persons Act of 1951, as amended, provides for federal reimbursement to the provinces for allowances to blind persons age 18 or over who meet the ten-years' residence requirement and specific income limits. For an unmarried person, total income including the allowance may not exceed \$1,500 a year; for a person with no spouse but with one or more dependent children, \$1,980; for a married couple, \$2,580. When the spouse is also blind, income of the couple may not exceed \$2,700. Blindness Allowance statistics appear in Table 33.

The federal contribution may not exceed 75 per cent of \$75 a month or of the allowance paid, whichever is less. The province administers the program and, within the limits of the federal Act, may fix the amount of allowance payable and the maximum income allowed. Effective April 1, 1965, compensation was made to Quebec under the Established Programs (Interim Arrangements) Act.

Under the terms of the Canada Assistance Plan a province may elect to aid needy blind persons under the general assistance program with costs shared under the Canada Assistance Plan (see p. 98). In accordance with this provision several provinces no longer accept applications under the Blind Persons Allowance Act. They may also transfer current recipients of blind persons allowances to their general programs, provided that there is no decrease in benefits. By mid-1971 four provinces (Quebec, Ontario, Saskatchewan, and Alberta) had discontinued receipt of applications under this program.

### Subsection 3 - Allowances for Disabled Persons

The Disabled Persons Act of 1954, as amended, provides for federal reimbursement to the provinces for allowances paid to permanently and totally disabled persons age 18 or

TABLE 33 - BLINDNESS ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1970

| Province and year           | Recipients<br>in March | Average<br>amount of<br>monthly<br>allowance | Federal<br>government<br>contribution<br>during year |
|-----------------------------|------------------------|--|--|
|                             | No.                    | \$   | \$   |
| Newfoundland.....1966       | 445                    | 73.27  | 304,203  |
| 1967                        | 438                    | 72.98  | 292,224  |
| 1968                        | 417                    | 73.18  | 285,162  |
| 1969                        | 401                    | 73.30  | 227,298  |
| 1970                        | 374                    | 73.43  | 261,979  |
| Prince Edward Island...1966 | 72                     | 72.92  | 47,372   |
| 1967                        | 67                     | 72.92  | 46,142   |
| 1968                        | 69                     | 73.72  | 45,639   |
| 1969                        | 63                     | 73.27  | 40,337   |
| 1970                        | 50                     | 73.62  | 37,495   |
| Nova Scotia.....1966        | 714                    | 72.72  | 487,504  |
| 1967                        | 682                    | 73.19  | 466,060  |
| 1968                        | 636                    | 73.28  | 440,422  |
| 1969                        | 577                    | 73.50  | 405,049  |
| 1970                        | 524                    | 73.45  | 370,107  |
| New Brunswick.....1966      | 626                    | 73.35  | 438,437  |
| 1967                        | 589                    | 73.44  | 407,930  |
| 1968                        | 536                    | 73.52  | 371,888  |
| 1969                        | 491                    | 73.99  | 345,044  |
| 1970                        | 448                    | 73.96  | 314,336  |
| Quebec.....1966             | 2,712                  | 73.28  | 1,840,998(a)   |
| 1967                        | 2,560                  | 73.17  | 1,714,789(a)   |
| 1968                        | 2,424                  | 73.42  | 1,631,232(a)   |
| 1969                        | 2,242                  | 73.53  | 1,532,632(a)   |
| 1970                        | 2,115                  | 73.39  | 1,442,995(a)   |
| Ontario.....1966            | 1,820                  | 67.54  | 1,153,040  |
| 1967                        | 1,710                  | 67.09  | 1,081,629  |
| 1968                        | 435                    | 54.27  | 259,748  |
| 1969                        | 330                    | 51.52  | 178,717  |
| 1970                        | 258                    | 49.93  | 135,975  |

(a) Effective April 1, 1966, Quebec received compensation under the terms of the Established Programs (Interim Arrangements) Act. Figures are shown for comparative purposes only and represent the federal share, which would have been paid to Quebec if payments had continued under the original agreements.

TABLE 33 - BLINDNESS ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1970 (Concluded)

| Province and year           | Recipients<br>in March | Average<br>amount of<br>monthly<br>allowance | Federal<br>government<br>contribution<br>during year |
|-----------------------------|------------------------|--|--|
|                             | No.                    | \$   | \$   |
| Manitoba.....1966           | 364                    | 72.19  | 251,385  |
| 1967                        | 325                    | 72.58  | 226,219  |
| 1968                        | 294                    | 71.91  | 200,718  |
| 1969                        | 276                    | 71.99  | 186,795  |
| 1970                        | 255                    | 72.00  | 174,388  |
| Saskatchewan.....1966       | 366                    | 71.74  | 248,004  |
| 1967                        | 272                    | 71.60  | 204,547  |
| 1968                        | 131                    | 68.86  | 110,352  |
| 1969                        | 99                     | 65.85  | 67,091   |
| 1970                        | 68                     | 73.19  | 51,482   |
| Alberta.....1966            | 448                    | 72.38  | 307,676  |
| 1967                        | 412                    | 71.89  | 284,078  |
| 1968                        | 376                    | 73.02  | 258,007  |
| 1969                        | 315                    | 73.55  | 229,294  |
| 1970                        | 264                    | 72.30  | 192,338  |
| British Columbia.....1966   | 532                    | 73.30  | 358,287  |
| 1967                        | 484                    | 73.60  | 336,639  |
| 1968                        | 451                    | 73.81  | 315,769  |
| 1969                        | 439                    | 73.50  | 300,888  |
| 1970                        | 430                    | 74.00  | 292,557  |
| Yukon.....1966              | 6                      | 75.00  | 3,994  |
| 1967                        | 5                      | 75.00  | 3,881  |
| 1968                        | 6                      | 75.00  | 3,460  |
| 1969                        | 4                      | 75.00  | 3,518  |
| 1970                        | 4                      | 75.00  | 2,700  |
| Northwest Territories..1966 | 44                     | 75.00  | 32,310   |
| 1967                        | 38                     | 75.00  | 28,069   |
| 1968                        | 33                     | 74.24  | 23,083   |
| 1969                        | 30                     | 75.00  | 22,969   |
| 1970                        | 28                     | 75.00  | 20,085   |
| Canada.....1966             | 8,149                  | 71.80  | 5,473,190 (b)  |
| 1967                        | 7,582                  | 71.70  | 5,092,207 (b)  |
| 1968                        | 5,808                  | 71.19  | 3,945,481 (b)  |
| 1969                        | 5,267                  | 71.95  | 3,589,632 (b)  |
| 1970                        | 4,818                  | 72.13  | 1,853,442 (b)  |

(b) Figures include the federal share which would have been paid to Quebec if payments had continued under the original agreements.



over who meet the required definition of "permanent and total disability", the ten-years' residence requirement, and specified income limits. For an unmarried person, total income including the allowance may not exceed \$1,260 a year. For a married couple the limit is \$2,220 a year except that, if the spouse is blind within the meaning of the Blind Persons Act, income of the couple may not exceed \$2,580 a year. Statistics for recent years are set out in Table 34.

The federal contribution may not exceed 50 per cent of \$75 a month or of the allowance paid, whichever is less. The province administers the program and, within the limits of the federal Act, may fix the amount of allowance payable, the maximum income allowed and other conditions of eligibility. Effective April 1, 1965, compensation was made to Quebec under the Established Programs (Interim Arrangements) Act.

Under the terms of the Canada Assistance Plan a province may elect to aid needy disabled persons under the general assistance program with costs shared under the Canada Assistance Plan (see p. 93). In accordance with this provision several provinces no longer accept applications under the Disabled Persons Act. They may also transfer current recipients of disabled persons allowances to their general programs, provided that there is no decrease in benefits. By mid-1971, seven provinces (Newfoundland, Prince Edward Island, Nova Scotia, Quebec, Ontario, Saskatchewan, and Alberta) had discontinued acceptance of applications under this program.

#### Subsection 4 - Fitness and Amateur Sport

The Fitness and Amateur Sport Program is designed to increase participation in sports and recreational activities. It is concerned with physical recreation and amateur sport from the day camp to the Canada Games to the Olympic Games. Its objectives are to increase the number of participants at all levels of competitive and non-competitive activity; to help provide these participants with the skills, the means, and the opportunity to benefit from recreation; and to help make available to all citizens the facilities and leadership to participate freely in the recreational activities of their choice. These objectives are predicated on the assumption that every Canadian should develop a level of fitness sufficient to contribute positively to his physical and

TABLE 34 - DISABLED PERSONS' ALLOWANCE STATISTICS, BY PROVINCE,  
YEARS ENDED MARCH 31, 1966 TO 1970

| Province and year           | Recipients<br>in March | Average<br>amount of<br>monthly<br>allowance | Federal<br>government<br>contribution<br>during year |
|-----------------------------|------------------------|--|--|
|                             | No.                    | \$   | \$   |
| Newfoundland.....1966       | 1,817                  | 74.49  | 804,197  |
| 1967                        | 1,873                  | 74.55  | 833,340  |
| 1968                        | 1,393                  | 74.43  | 465,500  |
| 1969                        | 82                     | 63.04  | 461,943  |
| 1970                        | 49                     | 62.29  | 21,936   |
| Prince Edward Island...1966 | 788                    | 74.25  | 349,881  |
| 1967                        | 814                    | 74.35  | 368,992  |
| 1968                        | 78                     | 72.08  | 176,869  |
| 1969                        | 54                     | 71.62  | 18,749   |
| 1970                        | 38                     | 70.66  | 17,501   |
| Nova Scotia.....1966        | 3,474                  | 73.92  | 1,524,103  |
| 1967                        | 3,522                  | 73.88  | 1,584,061  |
| 1968                        | 3,482                  | 73.53  | 1,564,079  |
| 1969                        | 3,371                  | 73.53  | 1,535,758  |
| 1970                        | 591                    | 70.08  | 381,865  |
| New Brunswick.....1966      | 2,320                  | 74.34  | 1,030,637  |
| 1967                        | 2,266                  | 74.36  | 1,041,900  |
| 1968                        | 2,265                  | 74.33  | 1,015,796  |
| 1969                        | 2,292                  | 74.37  | 1,022,271  |
| 1970                        | 2,215                  | 74.41  | 1,005,912  |
| Quebec.....1966             | 19,603                 | 74.20  | 8,821,586(a)   |
| 1967                        | 19,273                 | 74.15  | 8,535,524(a)   |
| 1968                        | 18,649                 | 74.13  | 8,292,666(a)   |
| 1969                        | 17,506                 | 74.15  | 7,952,096(a)   |
| 1970                        | 16,327                 | 74.22  | 7,492,756(a)   |
| Ontario.....1966            | 18,406                 | 73.10  | 7,823,576  |
| 1967                        | 19,800                 | 72.02  | 8,377,469  |
| 1968                        | 2,401                  | 64.97  | 1,096,998  |
| 1969                        | 1,436                  | 63.02  | 685,643  |
| 1970                        | 901                    | 62.97  | 424,593  |

(a) Effective April 1, 1965, Quebec received compensation under the terms of the Established Programs (Interim Arrangements) Act. Figures are shown for comparative purposes only and represent the federal share which would have been paid to Quebec if payments had continued under the original agreements.

TABLE 34 - DISABLED PERSONS' ALLOWANCE STATISTICS, BY PROVINCE  
YEARS ENDED MARCH 31, 1966 TO 1970 (Concluded)

| Province and year           | Recipients<br>in March | Average<br>amount of<br>monthly<br>allowance | Federal<br>government<br>contribution<br>during year |
|-----------------------------|------------------------|--|--|
|                             | No.                    | \$   | \$   |
| Manitoba.....1966           | 1,566                  | 73.80  | 688,650  |
| 1967                        | 1,547                  | 73.91  | 687,543  |
| 1968                        | 1,498                  | 73.64  | 671,508  |
| 1969                        | 1,428                  | 73.56  | 646,169  |
| 1970                        | 1,331                  | 73.51  | 608,920  |
| Saskatchewan.....1966       | 1,871                  | 74.08  | 824,777  |
| 1967                        | 390                    | 70.94  | 189,817  |
| 1968                        | 272                    | 69.01  | 129,610  |
| 1969                        | 170                    | 68.71  | 80,794   |
| 1970                        | 119                    | 69.43  | 57,539   |
| Alberta.....1966            | 1,933                  | 73.18  | 851,833  |
| 1967                        | 1,931                  | 72.89  | 859,166  |
| 1968                        | 1,925                  | 72.75  | 844,821  |
| 1969                        | 1,810                  | 73.14  | 821,572  |
| 1970                        | 1,596                  | 73.13  | 751,490  |
| British Columbia.....1966   | 2,385                  | 73.86  | 1,061,500  |
| 1967                        | 2,422                  | 73.75  | 1,071,978  |
| 1968                        | 2,445                  | 73.59  | 1,086,330  |
| 1969                        | 2,480                  | 73.68  | 1,099,806  |
| 1970                        | 2,533                  | 73.63  | 1,116,237  |
| Yukon.....1966              | 2                      | 75.00  | 900  |
| 1967                        | 2                      | 75.00  | 900  |
| 1968                        | 3                      | 75.00  | 1,350  |
| 1969                        | 3                      | 75.00  | 1,350  |
| 1970                        | 5                      | 75.00  | 1,725  |
| Northwest Territories..1966 | 26                     | 74.47  | 19,376   |
| 1967                        | 23                     | 74.62  | 11,212   |
| 1968                        | 27                     | 73.10  | 11,097   |
| 1969                        | 31                     | 74.27  | 14,396   |
| 1970                        | 34                     | 74.33  | 14,676   |
| Canada.....1966             | 54,191                 | 73.76  | 23,801,016(b)  |
| 1967                        | 53,863                 | 73.57  | 23,561,903(b)  |
| 1968                        | 34,438                 | 73.28  | 15,356,624(b)  |
| 1969                        | 30,663                 | 73.39  | 14,340,547(b)  |
| 1970                        | 25,739                 | 73.53  | 4,402,395(b)   |

(b) Figures include the federal share which would have been paid to Quebec if payments had continued under the original agreements (see footnote (a) above).



mental health and that Canadian athletes should develop a level of performance in national and international competitions which will contribute to national unity and international prestige.

Under the Fitness and Amateur Sport Act, 1961, up to five million dollars may be provided to encourage, promote and develop fitness and amateur sport in Canada. The Act also provides for the National Advisory Council on Fitness and Amateur Sport to consider any pertinent questions and advise the Minister as it sees fit. Council consists of not more than 30 members appointed by the Governor in Council, of whom at least one is appointed from each province.

As a result of progress made under the program since its inception in 1961, the needs have evolved and the program is being reoriented in order to more effectively approach its objectives.

Following the report of the Task Force on Sports for Canadians, the Montmorency Conference on Leisure, recommendations from the National Advisory Council, and the conclusions of an internal study, the Minister proposed in March 1970 a new sports policy for Canadians. Advocating the benefits of mass participation and the inculcation of sports and recreation into the Canadian culture, the policy aims primarily at reinforcing and increasing the administrative strength of Canadian sports and recreation agencies.

Therefore, to strengthen the agencies which will contribute to the involvement of all Canadians in recreational and sports activities, the Department makes available administrative, financial, and other professional assistance. It provides grants for specific projects and operates some of its own, all designed to facilitate the development of resources and motivate participation by all Canadians everywhere in Canada.

The federal program for Fitness and Amateur Sport for the year 1970-71 concentrates on the following areas:

- (a) grants and support to national fitness and sport organizations to improve the standards of administration, coaching, and instruction, to increase the rate of participation in physical recreation, and to provide aid to the holding of competitions (\$2,000,000);

- (b) promotion and support of special projects including the Arctic Games, the Canada Games, the Canada Fitness Awards, and assistance in the holding of sports events of nationwide interest (\$1,400,000);
- (c) planning, training, research, and communications in support of increased participation in physical recreation by all Canadians;
- (d) grants to provinces (\$500,000). The cost-sharing agreements with the provinces for fitness and amateur sport programs terminated with the 1969-70 fiscal year. This sum has been allocated to provide for the phase-out period while new programs are being developed on a joint-project basis.

#### Subsection 5 - National Welfare Grants Program

The National Welfare Grants Program was established in 1962 to help develop and strengthen welfare services in Canada. Under the program project grants are provided to provincial and municipal welfare departments, non-governmental welfare agencies, citizen organizations and universities. Fellowships are provided to individuals seeking advanced training in social work. The variety of provisions within the program, along with its associated consultative services, allow it to operate as a flexible instrument in the development of welfare services and to give a major emphasis to experimental activities in the welfare field. The allotment for the year ended March 31, 1970, was \$2,500,000.

General welfare bursary training and staff development grants are available to provinces on a shared-cost basis, with the other provisions of the program being administered and financed entirely by the federal government. Demonstration, research and social action projects in a wide range of subject areas are eligible for grants as are developmental projects related to welfare manpower. Fellowships are available for study at Canadian and foreign universities. Grants are available to assist Canadian schools of social work with teaching and field instruction costs.

With the advent of the Canada Assistance Plan increasing attention has been given to experimental activities under the National Welfare Grants program to encourage innovative approaches to the solution of social problems and the provision of welfare services.

Effective April 1, 1967, a mental retardation grant was established for a five-year period. A portion of that grant is administered in conjunction with the National Welfare Grant Program. Support is extended to research and demonstration projects designed to expand knowledge and to apply that knowledge to the provision of services and to preventive programs in that field.

Expenditures under the National Welfare Grants program for the year ended March 31, 1971 totalled \$2,443,551, and under the Mental Retardation Grant \$225,716.60. Of the former \$1,100,217 was expended on demonstration projects, \$394,364 on research projects, \$387,835 on teaching and field instruction, \$66,816 on scholarships, \$89,102 on fellowships, \$235,136 on National Agency projects and \$170,081 on general welfare projects including the provincially administered bursary and staff development programs. Table 35 sets out the expenditures.

#### Subsection 6 - Vocational Rehabilitation

The federal-provincial vocational rehabilitation program, which began in 1952, was consolidated and extended under the Vocational Rehabilitation of Disabled Persons Act, 1961. Agreements under this Act provide for equal sharing of costs between the federal government and the provinces and territories. These costs include co-ordination and provision of services to disabled or other vocationally disadvantaged individuals, training of rehabilitation personnel, and research and publicity. Approved services, supplied by a provincial government or purchased from voluntary agencies by a provincial government, include medical, social, and vocational assessment, intensive counselling, restorative services, the provision of prostheses, vocational or educational upgrading, rehabilitation allowances, work conditioning, and provision of tools, books, and other equipment. Employment counselling and placement are provided through Canada Manpower Centres of the Department of Manpower and Immigration or by the voluntary agencies from which services are purchased.



TABLE 35 - NATIONAL WELFARE GRANTS - EXPENDITURES FOR THE YEAR ENDED MARCH 31, 1971

| Province                            | Welfare Services Plan(a) | Demonstration Projects(b) | Welfare Research (c) | Teaching & Field Instruction(d) | Welfare Scholarships (e) | Welfare Fellowships (e) | National Agency Projects | Totals      |
|-------------------------------------|--------------------------|---------------------------|----------------------|---------------------------------|--------------------------|-------------------------|--------------------------|-------------|
| Newfoundland                        | \$ 6,699                 | \$                        | \$                   | \$ 8,713                        | \$                       | \$                      | \$                       | \$ 15,412   |
| Nova Scotia                         | 11,904                   | 143,095                   | 4,230                | 30,022                          | 1,957                    |                         |                          | 191,208     |
| Prince Edward Island                | 8,190                    | 14,530                    |                      |                                 | 1,861                    | 1,983                   |                          | 26,564      |
| New Brunswick                       | 13,630                   | 17,700                    |                      |                                 |                          |                         |                          | 31,330      |
| Quebec                              |                          | 217,774                   | 247,253              |                                 | 17,447                   | 21,605                  |                          | 504,079     |
| Ontario                             | 61,520                   | 218,316                   | 61,653               | 186,583                         | 29,634                   | 52,559                  |                          | 610,265     |
| Manitoba                            |                          | 116,715                   | 27,142               | 55,002                          | 5,373                    | 8,455                   |                          | 212,687     |
| Saskatchewan                        | 3,033                    | 83,130                    |                      | 9,445                           | 4,205                    |                         |                          | 99,813      |
| Alberta                             | 8,167                    | 63,383                    |                      | 43,104                          | 2,505                    | 4,500                   |                          | 121,659     |
| British Columbia                    | 12,250                   | 125,752                   | 45,841               | 54,966                          | 3,834                    |                         |                          | 242,643     |
| Northwest Territories               |                          |                           |                      |                                 |                          |                         |                          |             |
| Yukon Territory                     |                          |                           |                      |                                 |                          |                         |                          |             |
| National Voluntary Welfare Agencies |                          | 99,822                    | 8,245                |                                 |                          |                         | 235,136                  | 343,203     |
| Total                               | \$170,081                | \$1,100,217               | \$394,364            | \$387,835                       | \$66,816                 | \$89,102                | \$235,136                | \$2,443,551 |

- (a) Require a matching contribution of provincial and/or municipal funds.  
 (b) By location of agency or department undertaking project. Includes 8 special short term project grants.  
 (c) By location of agency.  
 (d) By location of school of social work. Includes 6 planning and organization grants.  
 (e) By home address of recipients.

In each participating province, a provincial co-ordinator or director of rehabilitation is responsible for the co-ordination and administration of services to disabled or vocationally disadvantaged persons. The federal aspects of the program are administered by the Manpower Utilization Branch of the Department of Manpower and Immigration in co-operation with the Department's five regional offices. The Manpower Utilization Branch, through its Special Groups Division, also has responsibility for the development of services for other persons suffering occupational disadvantages. The Division has the function of encouraging a more favourable employment climate for older workers through a continuing educational program, encouragement of research, maintenance of liaison with management, labour, and voluntary agencies, assembly and dissemination of informational material concerning industrial gerontology, and supportive services to the Canada Manpower Centres. The Department of Manpower and Immigration is co-operating with other federal departments in the study of the needs of occupationally disadvantaged groups for special programs. The Department is also co-operating with the Department of Indian Affairs and Northern Development regarding improvements in employment and training services for Indians, Eskimos and Métis. Other persons suffering occupational disadvantages, such as inmates and former inmates of correctional institutions and adults with limited job prospects, are given special assistance by the Department which is also studying new ways to help such persons obtain productive and satisfying employment. Among other agencies contributing to vocational rehabilitation are the Workmen's Compensation Boards in all provinces, which provide for the rehabilitation of injured workmen.

In the year ended March 31, 1971, federal expenditures under the vocational rehabilitation program totalled \$5,259,000. Reports received on 3,833 disabled or vocationally disadvantaged persons rehabilitated during the year indicated that, at the end of the year, 3,234 of them were rehabilitated to regular employment, 359 to sheltered employment or self-care, and 240 were rehabilitated as housewives. The cost of support of the 3,234 who obtained employment and of their dependents, before rehabilitation, was estimated at \$2,210,000 annually; their aggregate, following rehabilitation, earnings were estimated at \$14,000,000.

## Subsection 7 - National Council of Welfare

As part of the Government Organization Act, 1969, the National Council of Welfare, which had previously been a largely governmental body including in its membership the deputy ministers of welfare of each of the provinces, presided over by the federal deputy minister, was reconstituted as a citizens advisory council and its terms of reference broadened. The role of the Council is to advise the Minister of National Health and Welfare on such matters related to welfare as it deems appropriate.

The new National Council of Welfare consists of 21 private citizens, roughly half of whom are drawn from organizations of consumers of welfare services and half from institutions involved, directly or indirectly, in the provision of welfare services. In the former category are members of low income and welfare rights groups and of organizations of economically disadvantaged minorities. In the latter category are persons involved in the social service delivery system, at both the staff and volunteer levels, and in the field of social work education.

The creation of this Council with its special mandate to seek out the views of the poor reflects an awareness that the social service system, while designed to service those in need, has historically failed to involve the people it sought to serve in the definition of their needs and the development of programs to meet these needs. It is intended that this Council provide a vehicle through which the poor can make their views known to government and a forum in which these views can be considered by a body which encompasses all elements in the social service spectrum and on which the poor are substantially represented. The program of the Council has involved additional representatives of low income and disadvantaged minority groups, through their participation in Council committees.

The Office of the National Council of Welfare has been established as a division of the Department of National Health and Welfare to act as a secretariat for the Council and to provide a continuing link between the views expressed by consumers of welfare services and the program activities of the Department. Its function in this regard is one of liaison and facilitator of communication.



1970-71 was the first full fiscal year since the re-constitution of the National Council of Welfare in January 1970. It issued several advisory statements in the course of the year and initiated the Poor People's Conference held in Toronto in January 1971 with representatives of 215 low income and minority groups from across Canada participating.

### Section 3 - Provincial Welfare Programs

Major welfare programs governed by provincial legislation are social assistance, services for the aged, and child welfare services. Also, the province of Quebec operates the Quebec Pension Plan, which is comparable to the Canada Pension Plan (see p. 63), and a family allowance program (see p.121). Provincial departments of public welfare are responsible for the administration of welfare programs, although responsibility for a number of the programs may be shared with their municipalities.

Public services are supplemented by those of voluntary agencies whose interests include the welfare of families and children and of groups with special needs, such as the aged, recent immigrants, youth groups, and released prisoners. Welfare councils and social planning councils contribute to the planning and co-ordinating of local welfare services. Local voluntary agencies and institutions may receive public grants, depending on the nature and standard of their services, although their main support is usually from united funds or community chests, or from sponsoring organizations.

#### Subsection 1 - Social Assistance

All provinces make legislative provision for assistance to persons in need and their dependents. All provinces have now incorporated provisions for allowances to needy mothers with dependent children in a broadened program of provincial allowances to several categories of persons with long-term need or in a general program under which the only eligibility requirement is need, irrespective of the cause of need.

Allowances are generally determined on the basis of a needs test under which the allowance granted is the budget deficit, or the difference between the amount required to

meet the applicant's need as determined according to a schedule of rates covering the various budget items of basic need (food, clothing, personal requirements, shelter, fuel, and utilities) and any income available to him to meet that need. All provinces also provide allowances for items of special need; for example, special diets on medical recommendation, special clothing, and expenses incidental to education or obtaining employment. Assistance may also take the form of maintenance in a home for special care or welfare services (see section on Canada Assistance Plan).

The provincial departments of welfare have regulatory and supervisory powers over municipal administration of social assistance and require certain standards as a condition of provincial aid. Length of residence is not a condition of aid in any province, but in those provinces where municipal residence is a factor, the residence of the applicant determines the financially responsible authority. Assistance to persons without municipal residence or persons living in unorganized territory is the responsibility of the provincial authority. Under the terms of the Canada Assistance Plan, all provinces have agreed that residence shall not be a condition of assistance for applicants who move from one province to another.

Social assistance is administered by the province or by the municipalities with substantial financial support from the province, which in turn is reimbursed by the federal government under the Canada Assistance Plan for 50 per cent of the provincial and municipal assistance given, and for certain other costs (see section on Canada Assistance Plan). The formula for provincial-municipal sharing of costs is determined by the province, and varying arrangements are made for the administration of assistance.

As authorized under the terms of the Canada Assistance Plan, a number of provinces have elected to assist needy persons who are disabled or blind under their general assistance programs rather than under the federal-provincial programs for these particular categories of needy persons (see section on Canada Assistance Plan). By mid-1970 seven provinces -- Newfoundland, Prince Edward Island, Nova Scotia, Quebec, Ontario, Saskatchewan, and Alberta -- had discontinued receipt of applications under the disabled persons allowances program. Four of these provinces -- Quebec, Ontario, Saskatchewan, and Alberta -- had also discontinued applications under the blind persons allowances program.

In Newfoundland all assistance is administered provincially. In Prince Edward Island also, the province is responsible for the costs of assistance and services to all needy persons.

In New Brunswick, the Department of Welfare administers social assistance under a comprehensive program. In Nova Scotia, the province administers aid under the Social Assistance Act to needy mothers and foster mothers, disabled persons, dependent fathers, needy women 60-65 years of age, and supplemental allowances to recipients of blind persons allowances. The municipalities administer assistance to other needy persons and are reimbursed by the province for at least 75 per cent of the costs of assistance, services, and administration.

In Quebec, the province administers aid to all needy persons under the Social Aid Act, passed in December 1969 and proclaimed in force November 1, 1970. This Act provides for assistance to all persons in need, including the blind and disabled, under one comprehensive program.

In Ontario, the Family Benefits Act, 1966, provides for provincial allowances to needy mothers with dependent children, dependent fathers, disabled or blind persons, persons 65 years of age or over who are not receiving an old age security pension, needy widows, and certain other categories of women 60 years of age or over. Municipalities administer aid under the General Welfare Assistance Act to other needy persons and are reimbursed by the province for 80 per cent of their expenditures for aid and for 90 per cent of expenditures for aid to persons in excess of 5 per cent of the population in the municipality. The province reimburses counties and municipalities for 50 per cent of the cost of special assistance and of the cost of administration of welfare services beyond a specified base period.

In Manitoba, the Department of Health and Social Development administers aid under the Social Allowances Act to needy mothers with dependent children, to mentally or physically incapacitated persons whose disability is likely to last for more than 90 days, and to persons unable to support themselves or their dependents because of their age. Financial aid and services to other needy persons are the responsibility of the municipalities which are reimbursed by the province for 40 per cent of the costs of assistance, or



at a higher rate if their costs exceed a specified amount. Since April 1, 1967, the province has also reimbursed municipalities for 50 per cent of the costs of administration of welfare services in excess of costs for the base year 1964.

In Saskatchewan, all aid is provided under the Saskatchewan Assistance Act; need is the only criterion of eligibility. The program of assistance and services under the Act is administered by a municipality or by regional offices of the Department of Welfare. Only two municipalities have elected to administer the program. The province bears approximately 95 per cent of the costs of assistance and services granted in municipalities.

In Alberta, the Department of Health and Social Development administers allowances under the Public Welfare Act to needy mothers with dependent children, to persons who because of age or mental or physical disability are not able to be self-supporting. The Department maintains two hostels and one welfare centre to care for unemployable single homeless men without municipal residence. Aid to other needy persons is administered by the municipalities, which are reimbursed by the province for 80 per cent of the assistance given. Also, under the Preventive Social Services Act, 1966, designed to encourage municipalities to sponsor programs to prevent dependency and family breakdown, the province reimburses a municipality for 80 per cent of the costs of administration of material aid given needy persons under the Public Welfare Act, and for 80 per cent of the municipal expenses in connection with the establishment, operation and administration of certain preventive social services programs.

In British Columbia, the Department of Rehabilitation and Social Improvement administers supplemental allowances to needy recipients of Old Age Security pensions, blind and disabled persons' allowances, veterans receiving a War Veterans Allowance and an Old Age Security pension, and their widows of 65 years or over. Aid to other needy persons is administered under a comprehensive general program by the municipalities, or by the province in areas without municipal organization. Municipalities are reimbursed by the province on a pooled basis for 80 per cent of the total cost of social assistance. Also, the province shares equally with the municipalities expenditures on salaries of social workers; a municipality with fewer than 15,000 persons may arrange to

have the Department undertake social work within the municipality and reimburse it at the rate of 60 cents per capita per year.

## Subsection 2 - Living Accommodation for Elderly Persons

In all provinces, homes for the aged and infirm are provided under provincial, municipal, or voluntary auspices. Voluntary homes generally are provincially inspected in accordance with prescribed standards and in some provinces must be licensed. The provinces contribute to the maintenance of needy persons in homes for the aged, either through general assistance or through statutes that relate particularly to these homes. Also, 50 per cent of the payments on behalf of assistance cases in homes for the aged and infirm (homes for special care) are met by the federal government (see p. 93).

All provinces in varying degrees make capital grants toward the construction of homes, and in some provinces capital grants are also available to municipalities, charitable organizations, or non-profit corporations for the construction of low-rental housing.

Newfoundland maintains a home for the aged and infirm at St. John's and pays part or all of the cost of maintaining needy old people in homes for the aged and boarding homes. Provision is made for grants to organizations constructing homes for the aged. The Senior Citizens (Housing) Act, 1960 provides for the construction of hostels or housing for the elderly by non-profit corporations. The province guarantees the cost of operating such projects. In Prince Edward Island the Department of Welfare operates five separate institutions and a wing in each of the mental hospital and tuberculosis sanatorium for the care of the aged and infirm. Two charitable organizations provide special institutional facilities; a nursing home under private auspices has one wing with 24 beds to which aged persons in receipt of public assistance are admitted. In Nova Scotia, the aged are cared for in municipal or county homes, in homes operated by religious or private organizations and in private boarding homes. The province reimburses the municipalities for two-thirds of their expenditures for the maintenance of needy persons in municipal homes, subject to compliance with specified standards of care and accommodation. Homes for the aged receiving aid from the provincial government are subject to provincial inspection. In New Brunswick provincial grants may be made under the

Senior Citizens Housing Act to assist non-profit housing corporations in constructing and equipping low-rental housing units for senior citizens. Similarly, grants to construct homes for the aged and nursing homes are available under the Auxiliary Homes Act. Homes for the aged are operated under public, charitable, and private auspices. Voluntary and proprietary homes are subject to provincial licensing and inspection and must meet standards contained in regulations under the Health Act. Under the Social Welfare Act, 1966, the province contributes to the maintenance of needy persons in licensed nursing homes and homes for the aged.

Institutional care for indigent old people in Quebec is provided through charitable institutions under the Public Charities Act. The Aged Couples Homes Act authorizes the province to erect and maintain homes for aged couples, or to make agreements (including the provision of grants) for their erection, upkeep, and administration with persons, societies, and corporations, public or private. Standards established for homes for the aged are in accord with the regulations under the Public Health Act.

Under the Homes for the Aged and Rest Homes Act in Ontario municipalities must provide institutional or private home care (private family living or foster home care) for the aged; they may also establish rest homes for the care of handicapped persons who cannot be properly cared for at home, in existing homes for the aged, hospitals, or other institutions. The province contributes 50 per cent of the costs of construction of approved homes and 70 per cent of their operating and maintenance deficits. It also pays 70 per cent of the costs of maintenance for approved private home care. Homes for the aged under voluntary auspices are approved, inspected, and assisted under the Charitable Institutions Act. This Act provides for construction grants up to \$5,000 per bed and for maintenance grants of 80 per cent of the amount spent by the organization up to \$9 per day for each resident requiring public assistance. The Nursing Homes Act, 1966 established mandatory provincial licensing of nursing homes by the Department of Health for the first time. The Elderly Persons' Housing Aid Act provides for grants to non-profit housing corporations building low-rental housing for elderly persons.

Under the Elderly and Infirm Persons' Housing Act in Manitoba, construction grants equalling one-third of the



costs of constructing or of acquiring and renovating housing accommodation and homes for the aged are given to municipalities and charitable organizations. Grants may not exceed \$1,700 for one-person housing units, \$2,150 for two-person housing units, \$2,000 per bed for new homes for the aged, and \$1,000 per bed for homes that have been renovated. Under the Social Allowances Act the province bears the entire cost of allowances to those who, because of age, physical or mental ill health, or physical or mental incapacity, require care for more than 90 days by another person or in an institution or home for the aged and infirm. Institutions and boarding homes for the aged and infirm are supervised and licensed by the Department of Health under public health legislation.

In Saskatchewan, aged and infirm persons are cared for in a provincial special-care home, in three provincial geriatric centres, two under the jurisdiction of the Department of Welfare and one under that of the South Saskatchewan Hospital Centre, and in municipal, voluntary, and proprietary homes for the aged. The latter are inspected and licensed under the Housing and Special-care Homes Act. This Act also empowers the province and municipalities to subscribe to the capital stock of non-profit housing corporations building low-rental accommodation for older persons; the province may also make loans to municipalities to assist them in subscribing. Also, the province may guarantee the costs of operation of hostel-type accommodation with common dining and sitting rooms for aged persons. Capital grants amounting to 20 per cent of construction costs are available for self-contained housing projects; similar grants for special-care homes (that is, nursing homes, supervisory-care homes, or sheltered-care homes) may be made to municipalities, churches, or charitable organizations sponsoring approved homes. Further, an annual maintenance grant of \$12 per bed is paid to such homes. Costs of maintaining needy persons in homes for the aged are shared by the province and the municipalities under the Saskatchewan Assistance Act.

Under what are termed "master agreements", Alberta bears the cost of constructing and equipping homes for the aged and housing units on municipal land. Projects are operated by provincially incorporated foundations which include municipal councillors in their membership; net costs of operation are borne by the municipalities. Aside from contract nursing homes, which come under specific legislation,

and certain nursing homes under the supervision of the Department of Health, the Welfare Homes and Institutions Branch of the Department of Social Development is responsible for the licensing of and the maintaining of standards in homes for the aged and infirm.

A home for elderly homeless men is operated by the Department of Rehabilitation and Social Improvement in British Columbia. Boarding homes or institutional facilities for the care of the aged and infirm may be provided under municipal, non-profit or proprietary auspices. The province licenses and supervises homes for the aged and boarding homes and, where necessary, shares with the municipalities on a 90-10 basis the cost of maintaining needy residents. Under the Elderly Citizens' Housing Aid Act, the province makes grants amounting to just over one-third of construction costs to municipalities, regional districts, and non-profit corporations, including religious and service organizations, engaged in building homes or low-rental housing units for elderly citizens.

#### Subsection 3 - Recreation Centres for Elderly Persons

Ontario gave impetus to the provision of recreation centres for older people through its Elderly Persons' Social and Recreational Centres Act, 1961-62. In 1966 the Elderly Persons Centres Act was passed to replace the earlier legislation. The new Act continues the arrangement for a provincial grant of up to 30 per cent of the cost of constructing or buying a building for use as a recreational centre if the municipality contributes 20 per cent. In addition, provision is made for maintenance grants and special grants for services, facilities, and research. Although no other province has special legislation applying solely to senior centres, some do provide varying amounts of financial assistance to such centres.

#### Subsection 4 - Child Welfare Services

Child welfare services, which include child protection and care, services for unmarried parents, and adoption services, are provided in all provinces under provincial legislation. The programs are administered by the provincial

authority or by local children's aid societies (voluntary agencies with boards of directors, operating under charter and under the general supervision of provincial departments). In Newfoundland, Prince Edward Island, New Brunswick, Saskatchewan, and Alberta, child welfare services are administered by the province; in Quebec they are administered by recognized voluntary agencies and institutions, religious and secular; in Ontario, a network of local children's aid societies is responsible for the services; in Nova Scotia, Manitoba, and British Columbia, services are administered by local children's aid societies in the heavily populated areas and by the province elsewhere.

Children's aid societies and the recognized agencies in Quebec receive substantial provincial grants and sometimes municipal grants and in many areas they also receive support from private subscriptions or from community chests or united funds. The cost of certain services and maintenance for children in care of a voluntary or public agency are sharable with the federal government under the Canada Assistance Plan (see p. 93).

Child welfare agencies, provincial or voluntary, have the authority to investigate cases of alleged neglect and, if necessary, to apprehend a child and to bring the case before a judge upon whom rests the responsibility of deciding whether in fact the child is neglected. When neglect is proved, the court may direct that the child be returned to his parent or parents, under supervision, or be made a ward of the province or a children's aid society. Services are provided as appropriate and include services to children in their own homes, care in foster boarding homes or adoption homes, or in selected institutions. Children placed for adoption may be wards or they may be placed on the written consent of the parent. Adoptions including those arranged privately, number about 18,000 annually.

Child welfare agencies make use of the small selective institution for placement of children who are forced to be away from their own homes for a short period or who may need preparation for placement in foster homes, and emphasis is increasingly being placed on group-living homes. The development of small, highly specialized institutions, which function as treatment centres for emotionally disturbed children, is of particular significance. Institutions for children are governed by provincial child welfare legislation



and by provincial or municipal public health regulations; they are generally subject to inspection and in some provinces to licensing. Sources of income may include private subscriptions, provincial grants, and maintenance payments on behalf of children in care, payable by the parents, the placing agency, or the responsible municipal or provincial department.

Services to unmarried parents include casework services to the mother and possibly to the father, legal assistance in obtaining support for the child from the father, and foster-home care or adoption services for the child. Support for unmarried mothers may be obtained under general assistance programs. In many centres, homes for unmarried mothers are operated under private or religious auspices.

Day nurseries for the children of working mothers are established only in the larger centres. Public grants to day nurseries are made in three provinces. In Ontario, the Province reimburses a municipality for 80 per cent of the costs of operating and maintenance and in 1971 under an amendment to the Day Nurseries Act, the Province may make capital grants to a municipality of up to 50 per cent of the cost of erecting a new building or an addition to or purchase of a new building. In 1971 also, Nova Scotia passed legislation to come into force on proclamation, to authorize provincial sharing in capital and operating costs of day nurseries registered under the Act or operated by a municipality. In Saskatchewan, provincial aid is available for the starting, development and operation of day care centres. Day care centres operated under voluntary and private auspices are subject to licensing.

#### Subsection 5 - Newfoundland's Schooling Allowances Program

The Province of Newfoundland introduced its Parents Supplement (Schooling Allowances) Program in 1966. Under this scheme, an annual benefit of \$15 is paid in semi-annual instalments for each eligible child who is registered at and attending a school other than a trade school or university. There is no age limit specified in the legislation but the allowance terminates when the child leaves school.

## Subsection 6 - The Province of Quebec's Family Allowances Program

The Province of Quebec introduced its own family allowances program under legislation enacted in 1967. Under this plan, the following allowances are paid at the end of each six-month period to persons satisfying the relationship and residence requirements in respect of children under 16 years of age: \$15 for one child, \$32.50 for two children, \$52.50 for three children, \$77.50 for four, \$107.50 for five, \$142.50 for six, and an extra \$35 for each child after the sixth. These allowances are increased by \$5 for each child between the ages of 12 and 16 years. To qualify for the allowances, children must be attending school regularly from the time when they are first required to do so, unless prevented by physical or mental infirmity. These allowances supplement those paid under the federal scheme.

## Section 4 - Emergency Welfare Services

The function of the Emergency Welfare Services Division of the Department of National Health and Welfare is to develop community capability to provide, in the event of a national emergency, essential welfare services not available through the established welfare agencies. A 1959 Order in Council set up five emergency welfare services: emergency clothing, emergency feeding, emergency lodging, registration and inquiry, and personal services, and gave the Division responsibility for planning for the continuity of welfare departments in support of rehabilitation and recovery. To these ends, policy has been defined, systems designed, and, at all levels of government, welfare resources planned.

In peacetime, trained specialists within the federal, provincial, and municipal departments of welfare, organized nationally, are responsible for developing an emergency welfare capability. The program is an integral part of the Canada Survival Plan and is co-ordinated with the programs of other Canadian government agencies, and with mutual support programs of the United States Department of Health, Education, and Welfare. Leaders are being trained in the art of organizing large numbers of volunteers for emergency welfare operations and a public education program is being maintained. Special printed forms and equipment for survival, not regularly available through

commercial sources, have been produced and are located strategically across Canada.

Section 5 - International Social Development  
and Social Security

Canada is actively involved in the social development activities of the United Nations and its specialized agencies and of various other international organizations. At the United Nations, Canada is represented on the Commission for Social Development, is a member of the Executive Board of the United Nations Children's Fund. The Canadian government, together with provincial governments and agencies, participates actively in the work of the International Council on Social Welfare, International Social Security Association, and other international agencies concerned with the social aspects of development.

The Department of National Health and Welfare, through the programs of the Canadian International Development Agency, supports a number of social development projects in developing countries, provides advisors for service abroad, and arranges social development training for foreign students recommended by their governments. The Department, which works closely with several Canadian voluntary organizations engaged in social development, also supplies the necessary technical services to the bilateral and multilateral aid programs in this sector.

Canada is in the course of negotiating reciprocal agreements on social security with a number of European countries. Canadian agencies employed in social security participate in the program of the International Social Security Association and the social security program of the International Labour Organization. For some years, Canada has been represented, as an observer, at the meetings of the Inter-American Social Security Association.



PART III - HEALTH AND SOCIAL WELFARE EXPENDITURES

Section 1 - Government Expenditures on Health  
and Social Welfare

In the years ended March 31, 1963-70, expenditures by all levels of government on health and social welfare rose from \$3,898,500,000 to an estimated high of \$8,547,500,000, over a two-fold increase. If these figures are adjusted to take account of the growth in population, the increase in per capita expenditures - from \$208 to \$404 - was about 95 per cent. Government expenditures may also be measured in relation to major economic indicators; on this basis, annual government expenditures on health and social welfare over the 1963-70 period have remained relatively stable, fluctuating between 11.5 and 14.0 per cent of net national income and between 8.6 and 10.7 per cent of gross national product. Tables 36 and 37 set out related statistics.

The federal share of health and social welfare expenditures fell from 68.8 per cent in 1962-63 to 59.2 per cent in 1969-70, the provincial share rose from 28.2 per cent to 38.7 per cent, and municipal outlays declined from 3.0 per cent to 2.1 per cent.

Compared with the previous year, 1968-69, health and social welfare expenditures by all levels of government increased by \$1,178,000,000 or close to 16 per cent. This may be compared to the rise of \$924,500,000 or 14 per cent in 1968-69 over 1967-68. Expenditures by the federal and provincial governments increased by 14.6 and 19.2 per cent respectively from 1968-69 to 1969-70. The main items causing this rise included higher disbursements under the Old Age Security and Guaranteed Income Supplement programs principally because of the lowering of the eligible age and increase in the monthly benefits paid, the greater expenditure incurred by the introduction of the Canada Assistance Plan which is wider in scope than the categorical programs it was intended to replace, higher expenditures under the Unemployment Insurance Act, and under the Canada Pension Plan, greater outlays for health and welfare for the Indian and Eskimo populations, expenditures which continue to rise under the Hospital Insurance and Diagnostic Services Act, and under the Medical Care Act,

TABLE 36 - TOTAL, PER CAPITA, AND PERCENTAGE DISTRIBUTION  
OF GOVERNMENT EXPENDITURES ON HEALTH AND SOCIAL WELFARE,  
BY LEVEL OF GOVERNMENT, YEARS ENDED MARCH 31, 1962-70

| Year ended<br>March 31   | Federal                 | Provincial | Municipal  | Total      |
|--|-------------------------|------------|------------|------------|
| 1962<br>1963<br>1964<br>1965<br>1966<br>1967<br>1968<br>1969<br>1970 (a) | Total Expenditures      |            |            |            |
|  | \$'000,000              | \$'000,000 | \$'000,000 | \$'000,000 |
|  | 2,557.1                 | 1,004.3    | 107.8      | 3,689.2    |
|  | 2,683.5                 | 1,097.7    | 117.3      | 3,898.5    |
|  | 2,801.0                 | 1,166.8    | 101.2      | 4,069.1    |
|  | 2,969.7                 | 1,376.1    | 108.2      | 4,454.0    |
|  | 2,833.5                 | 1,714.3    | 129.6      | 4,727.4    |
|  | 3,243.6                 | 2,013.8    | 127.0      | 5,384.4    |
|  | 3,915.5                 | 2,391.1    | 138.2      | 6,444.9    |
|  | 4,413.5                 | 2,776.7    | 179.2      | 7,869.4    |
|  | 5,057.5                 | 3,308.5    | 181.5      | 8,547.5    |
| 1962<br>1963<br>1964<br>1965<br>1966<br>1967<br>1968<br>1969<br>1970 (a) | Per Capita Expenditures |            |            |            |
|  | \$                      | \$         | \$         | \$         |
|  | 140.34                  | 54.69      | 5.87       | 200.90     |
|  | 143.44                  | 58.68      | 6.27       | 208.39     |
|  | 146.95                  | 61.22      | 5.31       | 213.48     |
|  | 152.92                  | 70.86      | 5.57       | 229.35     |
|  | 145.80                  | 86.68      | 6.56       | 239.04     |
|  | 160.88                  | 99.90      | 6.30       | 267.08     |
|  | 190.55                  | 116.37     | 6.73       | 313.65     |
|  | 211.61                  | 133.13     | 8.59       | 353.33     |
|  | 238.79                  | 156.21     | 8.57       | 403.57     |
| 1962<br>1963<br>1964<br>1965<br>1966<br>1967<br>1968<br>1969<br>1970 (a) | Percentage Distribution |            |            |            |
|  |                         |            |            |            |
|  | 69.9                    | 27.2       | 2.9        | 100.0      |
|  | 68.8                    | 28.2       | 3.0        | 100.0      |
|  | 68.8                    | 28.7       | 2.5        | 100.0      |
|  | 66.7                    | 30.9       | 2.4        | 100.0      |
|  | 61.0                    | 36.3       | 2.7        | 100.0      |
|  | 60.2                    | 37.4       | 2.4        | 100.0      |
|  | 60.8                    | 37.1       | 2.1        | 100.0      |
|  | 59.9                    | 37.7       | 2.4        | 100.0      |
|  | 59.2                    | 38.7       | 2.1        | 100.0      |

(a) Includes or based on estimated data.

TABLE 37 - EXPENDITURES OF ALL LEVELS OF GOVERNMENT ON  
HEALTH AND SOCIAL WELFARE IN RELATION TO NET  
NATIONAL INCOME AND GROSS NATIONAL PRODUCT,  
YEARS ENDED MARCH 31, 1962-70

| Year ended<br>March 31 | Government expenditures on health and<br>social welfare |                                    |                                       |
|------------------------|---|------------------------------------|---------------------------------------|
|                        | Amount  | Per cent of net<br>national income | Per cent of gross<br>national product |
|                        | (\$ millions)   |                                    |                                       |
| 1962                   | 3,689.2   | 12.8                               | 9.6                                   |
| 1963                   | 3,898.5   | 12.5                               | 9.5                                   |
| 1964                   | 4,069.1   | 12.2                               | 9.2                                   |
| 1965                   | 4,454.0   | 12.3                               | 9.2                                   |
| 1966                   | 4,727.4   | 11.8                               | 8.8                                   |
| 1967                   | 5,384.4   | 11.5                               | 8.6                                   |
| 1968                   | 6,444.9   | 12.9                               | 9.6                                   |
| 1969                   | 7,369.5   | 13.3                               | 10.1                                  |
| 1970                   | 8,547.5 (a)   | 14.0                               | 10.7                                  |

(a) Estimated.



and contributions to the provinces under the Health and Hospital Construction Grants and the Health Resources Fund Act.

The relative federal declines, compared to provincial gains in recent years, have been caused to a substantial degree by increasing hospital expenditures by the provincial governments augmented by the effect of the "opting out" arrangements made available to the provinces. Under the Established Programs (Interim Arrangements) Act, a province may choose to receive contributions from the federal government in the form of a tax abatement and an equalization payment in lieu of a direct federal contribution under the program. The opting-out arrangements have the effect, in this presentation, of showing an increase in provincial government expenditure while the federal fiscal payment is treated not as an expenditure but as a transfer payment. Thus, provincial expenditures include gross outlays by Quebec whereas the federal expenditures on health and social welfare do not include the large sums paid or transferred to that province under the Established Programs (Interim Arrangements) Act and other fiscal arrangements.

The proportion of government expenditures on health and social welfare taken up by health programs continues to grow; in 1961-62 such programs accounted for \$1,126,000,000 or 30 per cent and by 1969-70 they amounted to an estimated \$3,557,000,000 or 42 per cent.

An outline of the principal federal income maintenance programs for 1969-70 shows the magnitude of the major programs and services - Family Allowances payments amounted to \$560,000,000, Old Age Security payments to \$1,467,000,000 plus another \$263,000,000 under the Guaranteed Income Supplement program, Unemployment Insurance benefits to \$542,000,000 and veterans pensions and allowances to \$218,000,000 and \$92,000,000 respectively. In addition, payments under the Youth Allowances program, which commenced in September 1964, amounted to \$55,000,000 excluding the province of Quebec. That province had instituted a program of schooling allowances three years prior to the introduction of the federal program and this necessitated a special arrangement whereby Quebec continued its program but with appropriate fiscal reimbursement from the federal government. In 1967-68, Quebec inaugurated its own family allowances program supplementing the federal scheme (see page 121).

Federal-provincial income-maintenance programs in 1969-70 required expenditures of \$900,000 for old age assistance, \$1,900,000 for blindness allowances, \$4,400,000 for disabled persons allowances and \$730,000 for unemployment assistance, the latter including some municipal expenditures. The smallness of these amounts indicate the effectiveness of the Canada Assistance Plan, for which this was the fourth year of operation and which was intended to replace all activities under these programs at the option of each province (see pp. 99-104). In 1965 Quebec withdrew from these federal-provincial programs under the Established Programs (Interim Arrangements) Act, which entitled that province to a tax abatement and an equalization payment. Canada Assistance Plan expenditures in 1969-70 were \$294,000,000. Provincial Workmen's Compensation Boards spent \$185,000,000 on cash benefits for pensions and compensation.

Under the field of health, federal grants to the provinces under the Hospital Insurance and Diagnostic Services Act totalled \$622,000,000 and grants for hospital construction and general health grants to the provinces and municipalities amounted to \$36,000,000. Provincial expenditures on hospital care were estimated at \$1,840,000,000 and expenditures on other health services at \$460,000,000. In addition, provincial Workmen's Compensation Boards paid \$65,000,000 for medical aid and hospitalization, and municipal governments spent an estimated \$99,000,000 on health.

## Section 2 - Expenditures on Personal Health Care

Expenditures on personal health care reported here comprise expenditures of hospitals, earnings of physicians and dentists for professional services to their patients, and the value of prescription sales by retail pharmacies. Excluded are expenditures on the services of private nurses, chiropractors, osteopaths, and optometrists; and expenditures on public health, on capital (buildings and interest), and on the administration of public-health programs and insurance plans.

Table 39 shows the components for each year from 1961 to 1970. Canadians spent a total of \$4,387 million on personal health care in 1970, almost twice as much as five years before. Expressed as a proportion of the gross national product, personal health care expenditures rose from 4.06 per cent in 1961 to 5.19 per cent in 1970. Expenditure per person over the same period changed from \$86.89 to \$204.95

TABLE 39 - EXPENDITURES ON PERSONAL HEALTH CARE, CANADA, 1961-70

| Year    | Hospital services                    |                          |                           |                                   |               | Physicians' services | Dentists' services | Prescribed drugs(b) | Total      |
|---------|--------------------------------------|--------------------------|---------------------------|-----------------------------------|---------------|----------------------|--------------------|---------------------|------------|
|         | General and allied special hospitals | Psychiatric institutions | Tuberculosis sanatoria(a) | Government of Canada hospitals(a) | All hospitals |                      |                    |                     |            |
|         | \$'000,000                           | \$'000,000               | \$'000,000                | \$'000,000                        | \$'000,000    | \$'000,000           | \$'000,000         | \$'000,000          | \$'000,000 |
| 1961    | 722.1                                | 134.9                    | 28.2                      | 63.9                              | 949.0         | 388.3                | 116.7              | 133.6               | 1,587.6    |
| 1962    | 811.8                                | 144.4                    | 27.6                      | 70.3                              | 1,054.2       | 406.1                | 121.5              | 141.0               | 1,722.8    |
| 1963    | 909.8                                | 163.0                    | 28.3                      | 73.8                              | 1,174.9       | 453.4                | 136.9              | 156.6               | 1,921.9    |
| 1964    | 1,015.1                              | 182.1                    | 26.2                      | 76.8                              | 1,300.2       | 495.7                | 147.8              | 170.9               | 2,114.6    |
| 1965    | 1,144.5                              | 211.6                    | 26.0                      | 79.8                              | 1,461.9       | 545.1                | 160.1              | 200.0               | 2,367.1    |
| 1966    | 1,319.0                              | 241.8                    | 25.9                      | 82.1                              | 1,668.8       | 605.2                | 176.4              | 214.6               | 2,665.0    |
| 1967    | 1,523.0                              | 283.9                    | 26.0                      | 83.3                              | 1,916.3       | 686.2                | 187.2              | 239.5               | 3,029.1    |
| 1968    | 1,790.0                              | 314.3                    | 27.1                      | 87.0                              | 2,218.4       | 788.1                | 213.7              | 258.2               | 3,478.4    |
| 1969(c) | 1,997.5                              | 352.2                    | 26.4                      | 88.0                              | 2,464.1       | 901.4                | 239.7              | 270.1               | 3,875.4    |
| 1970(c) | 2,278.7                              | 393.8                    | 24.0                      | 91.0                              | 2,787.4       | 1,029.5              | 269.1              | 301.1               | 4,387.1    |

(a) Tuberculosis sanatoria of the Government of Canada are included under the latter heading only.

(b) Sold by retail pharmacies only.

(c) Preliminary estimates, except data for "Physicians' services" for 1969, which are final.



### Section 3 - Earnings of Privately Practising Physicians in Canada

The average gross professional earnings of fee-practising physicians in 1969 were \$46,328, as shown in Table 40, which was 8.3 per cent higher than in 1968 and 79.1 per cent higher than in 1961. The highest average gross earnings in 1969 were reported in Alberta, at \$52,383. In Ontario, Manitoba, and Newfoundland they were above the national average and in the remaining provinces they ranged from \$45,010 in Saskatchewan to \$34,595 in the Yukon and Northwest Territories.

Generally, through the nine-year period 1961-69, average gross earnings have been at a higher level in Newfoundland, Ontario, and the western provinces than in Quebec and the Maritime Provinces.

The net returns to physicians, after deduction of the expenses of professional fee practice, reveal similar geographic patterns, as seen in Table 41. Net earnings for Canada as a whole averaged \$30,861 in 1969, 7.9 per cent higher than in 1968 and 87.4 per cent above the 1961 figure. The highest provincial average net income was reported by Newfoundland physicians at \$37,817 followed by Ontario physicians at \$33,903; the lowest average net income, \$15,807, was reported in the Yukon and Northwest Territories.

### Section 4 - Number of Physicians in Canada

In December 1970 there were 31,166 active civilian physicians in Canada. Well over a third, 11,851, were located in Ontario. British Columbia had the lowest population/physician ratio, 627, followed by Ontario with 654 and Quebec, 682. The national average at December 1970 was 692 persons per physician.

Table 42 gives the provincial distribution and population/physician ratios for 1970 and shows also the historical trend in the national total since 1901. The figures include all junior and senior interns and residents, and physicians engaged in administration, teaching, research, etc., within the medical field, as well as those in the clinical practice of medicine.

TABLE 40 - AVERAGE GROSS PROFESSIONAL EARNINGS(a) OF ACTIVE FEE-PRACTICE PHYSICIANS, CANADA BY PROVINCE, 1961 TO 1969

| Province                           | 1961   | 1962   | 1963   | 1964   | 1965   | 1966   | 1967   | 1968   | 1969   |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                    | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Newfoundland(b)                    | 27,184 | 24,809 | 27,903 | 30,630 | 31,620 | 33,688 | 36,503 | 43,256 | 51,977 |
| Prince Edward Island               | 20,001 | 19,676 | 23,413 | 23,157 | 25,596 | 26,284 | 28,720 | 32,584 | 37,501 |
| Nova Scotia                        | 23,242 | 23,302 | 23,455 | 25,739 | 27,486 | 29,960 | 30,391 | 35,820 | 41,116 |
| New Brunswick                      | 24,220 | 23,978 | 26,376 | 27,802 | 29,622 | 30,271 | 35,891 | 38,933 | 42,362 |
| Quebec                             | 22,118 | 23,418 | 25,748 | 26,813 | 29,010 | 30,901 | 33,455 | 36,187 | 39,058 |
| Ontario                            | 27,206 | 27,779 | 30,641 | 33,201 | 35,752 | 38,254 | 42,721 | 47,427 | 51,170 |
| Manitoba(c)                        | 29,072 | 29,003 | 28,769 | 29,103 | 32,037 | 33,589 | 36,657 | 40,083 | 49,255 |
| Saskatchewan                       | 27,103 | 23,238 | 35,657 | 36,484 | 37,474 | 40,150 | 40,150 | 41,546 | 45,010 |
| Alberta                            | 29,221 | 31,187 | 30,912 | 32,690 | 35,397 | 37,871 | 43,819 | 51,894 | 52,383 |
| British Columbia                   | 27,867 | 27,498 | 27,670 | 30,510 | 31,675 | 36,063 | 38,609 | 41,848 | 44,716 |
| Yukon and Northwest Territories(d) | 20,083 | 20,081 | 22,007 | 16,495 | 27,812 | 22,900 | 25,750 | 36,850 | 34,595 |
| Canada                             | 25,862 | 26,322 | 28,690 | 30,586 | 32,799 | 35,223 | 38,675 | 42,783 | 46,328 |

(a) Includes gross professional fees, and earnings received in the form of wages and salaries for professional services.

(b) Excludes physicians employed on a salaried basis under the Cottage Hospital Medical Service and by subsidized voluntary prepayment plans. The estimated number of such excluded physicians in 1969 was 109.

(c) Excludes some physicians employed on a salaried basis in private group-practice. The estimated number of such excluded physicians in 1969 was 65.

(d) Data to 1968 for the Yukon and Northwest Territories are posted for record only.

TABLE 41 - AVERAGE NET PROFESSIONAL EARNINGS(a) OF ACTIVE FEE-PRACTICE  
PHYSICIANS, CANADA BY PROVINCE, 1961 TO 1969

| Province                           | 1961   | 1962   | 1963   | 1964   | 1965   | 1966   | 1967   | 1968   | 1969   |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                    | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Newfoundland(b)                    | 18,640 | 18,042 | 19,455 | 21,523 | 23,028 | 23,304 | 25,578 | 30,488 | 37,817 |
| Prince Edward Island               | 13,119 | 15,448 | 15,777 | 16,478 | 17,835 | 18,910 | 20,716 | 22,636 | 22,760 |
| Nova Scotia                        | 16,070 | 15,925 | 15,839 | 17,851 | 19,146 | 20,395 | 21,480 | 24,642 | 29,880 |
| New Brunswick                      | 16,288 | 16,418 | 17,701 | 19,255 | 20,251 | 20,807 | 24,662 | 27,544 | 29,678 |
| Quebec                             | 14,454 | 15,173 | 16,696 | 18,534 | 20,532 | 21,231 | 23,133 | 25,112 | 27,233 |
| Ontario                            | 17,682 | 18,306 | 20,492 | 22,247 | 24,188 | 25,456 | 29,354 | 32,098 | 33,903 |
| Manitoba(c)                        | 15,829 | 16,742 | 18,178 | 18,720 | 19,681 | 21,565 | 23,229 | 26,108 | 31,678 |
| Saskatchewan                       | 15,843 | 14,619 | 21,625 | 23,879 | 23,530 | 24,274 | 24,697 | 25,175 | 27,657 |
| Alberta                            | 17,925 | 18,612 | 19,111 | 21,117 | 22,681 | 24,356 | 27,591 | 33,221 | 33,165 |
| British Columbia                   | 17,067 | 17,284 | 17,464 | 19,560 | 20,121 | 22,209 | 25,169 | 26,239 | 28,829 |
| Yukon and Northwest Territories(d) | 15,594 | 16,368 | 16,840 | 13,601 | 15,731 | 13,039 | 13,200 | 18,000 | 15,807 |
| Canada                             | 16,472 | 16,970 | 18,688 | 20,484 | 22,064 | 23,262 | 26,093 | 28,615 | 30,861 |

- (a) Includes net professional fees after deducting expenses of practice, and wages and salaries for professional services.
- (b) Excludes physicians employed on a salaried basis under the Cottage Hospital Medical Service and by subsidized voluntary prepayment plans. The estimated number of such excluded physicians in 1969 was 109.
- (c) Excludes some physicians employed on a salaried basis in private group-practice. The estimated number of such excluded physicians in 1969 was 65.
- (d) Data to 1968 for the Yukon and Northwest Territories are posted for record only.



TABLE 42 - PHYSICIANS AND POPULATION PER PHYSICIAN, 1901-70,  
AND BY PROVINCE, 1970

| Source, Year, Province     | Active Civilian Physicians |                             |
|----------------------------|----------------------------|-----------------------------|
|                            | Number                     | Population<br>per Physician |
| <u>Census data (a)</u>     |                            |                             |
| 1901 (June 1)              | 5,475                      | 972                         |
| 1911 "                     | 7,411                      | 970                         |
| 1921 "                     | 8,706                      | 1,008                       |
| 1931 "                     | 10,020                     | 1,034                       |
| 1941 "                     | 10,723                     | 1,072                       |
| 1951 "                     | 14,325                     | 976                         |
| 1961 "                     | 21,290                     | 857                         |
| <u>D.N.H. &amp; W. (b)</u> |                            |                             |
| 1962 (Dec. 31)             | 23,248                     | 808                         |
| 1963 "                     | 24,082                     | 795                         |
| 1964 "                     | 24,847                     | 785                         |
| 1965 "                     | 25,481                     | 779                         |
| 1966 "                     | 26,528                     | 763                         |
| 1967 "                     | 27,544                     | 749                         |
| 1968 "                     | 28,163                     | 744                         |
| 1969 (c) "                 | 29,659                     | 717                         |
| 1970 (c) "                 | 31,166                     | 692                         |
| <u>1970 (c)</u>            |                            |                             |
| Newfoundland               | 466                        | 1,118                       |
| Prince Edward Island       | 97                         | 1,134                       |
| Nova Scotia                | 1,032                      | 744                         |
| New Brunswick              | 568                        | 1,102                       |
| Quebec                     | 8,831                      | 682                         |
| Ontario                    | 11,851                     | 654                         |
| Manitoba                   | 1,401                      | 701                         |
| Saskatchewan               | 1,152                      | 804                         |
| Alberta                    | 2,256                      | 720                         |
| British Columbia           | 3,471                      | 627                         |
| Yukon                      | 20                         | 850                         |
| Northwest Territories      | 21                         | 1,667                       |
| CANADA                     | 31,166                     | 692                         |

- (a) Figures for 1901 to 1951 exclude Yukon and Northwest Territories.
- (b) Estimates for 1962 to 1968 for interns and residents are based on Statistics Canada data, and for other active civilian physicians are based on the data of List Catalogue, Canadian Mailings Limited (Seccombe House).
- (c) Produced by the Department of National Health and Welfare from information supplied by Medical Marketing Systems Limited (Seccombe House).

#### PART IV - NATIONAL VOLUNTARY HEALTH AND WELFARE ACTIVITIES

A number of national voluntary agencies carry on important work in the provision of health and welfare services, medical research and education. These agencies, some of which are described below, complement the services of the federal and provincial authorities in many fields, and play a leading role in stimulating public awareness of health and welfare needs and in promoting action to meet them.

##### The Canada Safety Council.

This organization was established in 1968 by the merger of three previously separate organizations, The Canadian Highway Safety Council, The National Safety League of Canada, and The Canadian Industrial Safety Association, in order to unite all phases of safety education. The head office of the Council is in Ottawa. Its goal is to prevent accidents and thereby save lives and reduce injury and suffering. The Council estimates that over 11,000 Canadians die accidentally each year, and that hundreds of thousands are seriously injured.

It provides training courses related to safety, such as driver training, defensive driving, high school driver education, and baby-sitter training. Public education projects include Safe Driving Week, Safe Boating Week, Fire Prevention Week, Child Safety Week, Farm Safety Week, safety-belt campaigns, car-check campaigns, and pedestrian-cyclist safety campaigns.

Funds are obtained from federal and provincial government grants, business and industry, national labour organizations, provincial motor leagues, and automobile associations.

The Canadian Arthritis and Rheumatism Society.

This agency, organized in 1948, with head office in Toronto, supports research, treatment, and education in rheumatic diseases. It has assisted many general hospitals to establish arthritis clinics, and during 1960-70 supported the development of nine rheumatic disease in-patient units in teaching hospitals in five provinces. Organized under eight provincial divisions and local branches in most towns, this organization attempts to meet any special needs of arthritis patients not covered by hospital or medical insurance plans.

The Society provides some direct patient services, such as physiotherapy and occupational therapy, where other community resources are inadequate. Cost of such services to the patient are for the most part borne by the responsible government health agencies.

In addition to providing Associateships, Fellowships, and Research Grants, the C.A.R.S. offers a special class of grants known as Rheumatic Disease Unit Development Grants designed to assist medical schools and their associated teaching hospitals in the establishment of rheumatic disease units to enhance their research and educational activities.

Projections for 1975 estimate that the Society will spend \$2,400,000 on research, education and the development of rheumatic disease units, and \$2,188,000 for the provision of direct patient care services. The former will be financed through contributed revenue, the latter by payments from governments.

The Canadian Association for the Mentally Retarded.

(Prior to 1968, The Canadian Association for Retarded Children). Incorporated in 1958 to co-ordinate the work of organizations serving the mentally retarded, estimated to amount to three per cent of the population, or 650,000 persons, the Association is represented by ten provincial and over 300 local groups. They sponsor various community programs for retarded persons of all ages. Services may include the operation of group homes, residences, training centres, workshops, summer



camps, and other recreational programs. Its affiliate, the National Institute for Mental Retardation, is a clearinghouse for information on mental retardation and, in co-operation with other organizations and with governments, is developing a nation-wide research and demonstration program.

Financial support comes from local fund-raising campaigns, United Appeals, the sale of special Christmas cards, and in varying degree from provincial and municipal governments, including departments of education. The national office in Toronto carries out public education, fund-raising, and co-ordinating activities.

#### The Canadian Cancer Society.

This agency, with the active encouragement of the Canadian Medical Association, was organized as a cancer study unit and incorporated in 1938. It operates in all provinces from its national office in Toronto. It offers public education and services not otherwise available for cancer patients, principally transportation, home nursing, boarding and nursing home care, sickroom supplies and dressings. Boarding homes or lodges have been established in Vancouver, Hamilton, Toronto, and London, to provide overnight accommodation for ambulatory patients under treatment at clinics.

Principal sources of funds are voluntary donations and legacies. Expenditures in 1970 amounted to some \$7,600,000. Of this amount, over \$4,000,000 (currently 60 per cent of annual revenues) goes to support the activities of the National Cancer Institute, the research arm of the Canadian Cancer Society. The Society also sponsors fellowships in cancer research and provides capital funds for research facilities at universities. A national newsletter, Progress, is published four times a year.

#### The Canadian Council on Social Development.

Established in 1920 as the Canadian Welfare Council and reorganized in 1970 under its new name, the Council seeks to give leadership on social policy formation and research in family and child welfare, corrections, public welfare, community

funds and councils, and housing. Member organizations include various federal, provincial, and municipal departments, community funds and councils, other private social agencies, and individuals active in the fields of health, welfare, and recreation. Affiliated with the Council are the Canadian Criminology and Corrections Association and the Community Funds and Councils of Canada, which serves local Funds.

No formal regional, provincial, or local branches are operated by this agency. The policies and programs of the Council are determined by its members under the leadership of a nationally representative board of governors. Professional staff have consultative and liaison functions in the areas of family and youth services, public welfare, health services and the homemakers services, day care, aging, and research and planning.

Revenue of over \$1 million comes from federal, provincial and municipal governments, memberships, voluntary contributions, special grants, and sales of publications. Among recent reports and publications produced by the Canadian Council on Social Development are Social Policies for Canada, The Social Implications of Tax Reform, Tenant Rights in Canada, Transient Youth, Health Insurance - What are the Issues, Health Services for Canada, and The Medical Care Act.

#### The Canadian Cystic Fibrosis Foundation.

This national agency, organized in 1960, with head office in Toronto, now operates in most provinces, and has 30 affiliated local chapters. Because cystic fibrosis is believed present in one of every 1,000 babies born in North America, the Foundation seeks to promote special services for patients, and research, professional training, and public understanding concerning cystic fibrosis. A valuable source of publicity and research funds has been the annual "Shinerama" in which 40 Canadian colleges and universities participated in 1970, raising \$149,700. In addition to its services in Canada, the agency also supports the International Association composed of 22 member nations.

### The Canadian Diabetic Association.

The Association, formed in 1953 with headquarters in Toronto, has 38 branches established in nine provinces, and a French-language affiliate, l'Association du Diabète, in Quebec. It is also affiliated with the Canadian Medical Association and the Canadian Dietetic Association. Its aims are to co-ordinate the efforts of individuals and organized bodies with a view to reducing the morbidity and mortality rates from diabetes, and to provide an authoritative and advisory organization for the benefit and service of diabetics.

The Association estimates that one-fortieth of the population is diabetic, but that less than half of the diabetics are aware of their illness. The Canadian Diabetic Association seeks through its public information programs to help diabetics identify their illness at an early stage. One method in current use is a multi-screening technique that simultaneously tests for the presence of diabetes, tuberculosis, anemia, and glaucoma. The Association also provides diet counselling, summer camps for children, aid to diabetic senior citizens, education and information services, and diabetic treatment centres. Research into the nature and treatment of diabetes includes the Family Tree Research Program. The Association also publishes a quarterly bulletin, the Canadian Diabetic Association Newsletter.

### The Canadian Hearing Society.

Organized in 1940 as the National Society of the Deaf and the Hard of Hearing, the Society has offices in Toronto, Ottawa, London, Hamilton, and Montreal. It is concerned with the preservation of hearing, the treatment of deafness, and the rehabilitation of those with impaired hearing, including war veterans and children. It provides hearing examinations, counselling, vocational guidance, and job placement services for the deaf or hard-of-hearing, and hearing aids to persons in need. It also works closely with schools for the deaf. The Society publishes The Canadian Hearing Review and other educational material available for the public.



### The Canadian Heart Foundation.

The Canadian Heart Foundation with headquarters in Ottawa was formed by physicians in 1956 "to co-ordinate and correlate the efforts of organizations and individuals interested in heart diseases with a view to reducing the morbidity and mortality therefrom in Canada." The Foundation points out that heart disease is one of the principal causes of death in Canada in men aged 35 to 64, and estimates that 75,000 children have some form of heart disease.

The Canadian Heart Foundation has developed into a federation of six affiliated provincial heart foundations together with four provincial divisions of the Canadian Foundation in the Atlantic provinces. Their programs are concerned primarily with the support of cardiovascular research in Canadian universities and hospitals. Over 70 per cent of the resources of the Foundation are disbursed in the form of research and fellowships and grants-in-aid amounting to \$15,000,000 in the past ten years and over \$2,500,000 in 1969-70. Of a total revenue of \$4,000,000 in 1970, nearly \$3,000,000 was spent on research. Support is also provided to travelling lectureships by scientists, and educational programs for the health professions and the general public. The chief source of funds is the annual Canadian Heart Fund campaign.

### The Canadian Medic-Alert Foundation.

This international association had its beginnings in California in 1956. The Canadian affiliate was organized in 1961, with its head office in Toronto. The main purpose of the Medic-Alert Foundation International is to educate and encourage the public to wear Medic-Alert identification discs stipulating medical problems that should be known of in an emergency, and to encourage doctors and nurses to advise persons of the importance of wearing such identification.

The Foundation estimates that one person per family has a medical problem, such as sensitivity to certain drugs, a heart condition, diabetes, epilepsy, or uncommon blood type. A recently added feature is the identification of the bearer as a possible transplant-donor. The wearing of the disc enables such a person to receive correct treatment if, for

example, he reaches hospital unconscious. The medical history of each disc-wearer (i.e., member) is filed in Toronto and in Tuloch, California; discs carry emergency telephone numbers through which this information can be obtained at any hour.

Canadian membership is currently estimated at 40,000, with seventy per cent of new members being referred by their family physicians. The Foundation is financed by lifetime membership fees, seven dollars at the present time, and by donations. The Life Underwriters Association of Canada sponsored an educational campaign for the Foundation in 1970.

#### The Canadian Mental Health Association.

The national body, established in 1918 and legally incorporated in 1927, has its head office in Toronto, divisions in all provinces, and nearly 200 local branches and committees.

The national office is financed by United Appeals, government grants, support from provincial divisions, and donations. The Association's objectives are to improve public understanding of and attitudes toward mental illness and the mentally ill, and to improve existing preventive and treatment services. It points out that the Dominion Bureau of Statistics estimates that one in every eight Canadians will be treated for psychiatric illness during their lifetime.

The C.M.H.A. performs research and technical studies related to mental illness, undertakes social and community action to improve legislation and governmental programs, conducts industrial rehabilitation workshops, provides volunteer services to patients both during and after their stay in hospital, and provides public and professional education about mental health and mental illness. Among special services provided by volunteers are the 42 White Cross Centres, social clubs designed to assist former patients who have difficulty coping with a feeling of social isolation. Recreational activities are supplied through four summer camps for patients.

The C.M.H.A. administers the C.M. Hincks Research Fund which enables general practitioners to take a month of special training in psychiatry. Publications resulting from research studies that the C.M.H.A. has sponsored include More for the Mind, The Law and Mental Disorder, Mental Health and Public Health, and University Student Unrest.

The Canadian National Institute for the Blind.

This agency was incorporated in 1918 "to carry out all operations which shall be deemed advantageous throughout Canada for the welfare of the blind" and "to take measures and adopt every possible means for the conservation of sight". To this end, services are provided through a national office in Toronto, eight divisions covering all provinces, and 50 subdistrict offices. United Funds and private donations and a federal government grant are the major sources of income.

In 1970, 27,431 officially blind persons (i.e., with 10 per cent or less vision) were registered with the Institute. Services provided include educational and vocational assistance, home teaching and employment, eye services, mobility training, recreation, special services to children and youths, and social services. Services provided to 6,764 other persons registered as "prevention" cases included eye examinations, medical treatment, glasses or artificial eyes, transportation, and maintenance. Services are provided free to those in need of assistance.

The Institute also supports the operation of the Arthur V. Weir Training and Vocational Guidance Centre for advanced professional and technical training in Toronto and Low Vision Aid Clinics and Eye Banks in major cities. The Canadian National Institute for the Blind does not directly conduct research programs, but supports research through the E.A. Baker Foundation, and provides funds for grants, bursaries, and fellowships (some \$43,000 in 1968) to be used for training of professionals in blindness prevention. The National Library of the Institute is continually expanding its disc and tape talking-book library.

A new development is the pilot mobile eye-testing unit in Newfoundland, funded by a Toronto service club and assisted by the Baker Foundation for Prevention of Blindness plus medical staffing.



The Canadian Paraplegic Association.

The Association was formed in 1945 by a group of paraplegic veterans of World War II to assist with the re-establishment of paraplegics in the community. Through its head office in Toronto, and its seven divisions serving other areas in Canada, the Association seeks to ensure provision of adequate treatment and rehabilitation facilities, including prostheses and personal aids, for any persons suffering paralysis caused by disease or injury. The Association also carries out educational research activities in related areas.

The Canadian Paraplegic Association provides a comprehensive treatment service at Lyndhurst Lodge Hospital in Toronto; elsewhere it arranges for these services with other hospitals and rehabilitation agencies.

A new teaching hospital, affiliated with the Faculty of Medicine, University of Toronto and owned by the Association, is to be completed in 1972, with approximately 106 beds.

The divisional offices have led local campaigns to remove architectural barriers that deny access to public buildings to paraplegics and other handicapped persons. Such barriers hamper the physically handicapped in using community services and facilities and reduce their opportunity for vocational rehabilitation and employment. To overcome these difficulties, the National Research Council published "Building Standards for the Handicapped, 1965" as a Supplement to the National Building Code. It is estimated that one in seven Canadians will have to cope with this problem at some period, as a result of temporary disability, age, or physical handicap. A stylized wheelchair symbol was adopted at the 1969 World Congress of the International Society for the Disabled to designate buildings that are accessible to the handicapped.

The Canadian Paraplegic Association is supported primarily by public donations, but also by grants from United Funds and federal, provincial, and municipal governments, and fees from patients. The agency publishes a regular information bulletin, Caliper.

### The Canadian Red Cross Society.

The Canadian Red Cross Society, established in 1896, is the largest voluntary organization operating in the fields of health and welfare. In line with its objectives, "in time of peace or war, to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering throughout the world," the Society operates 22 programs including a national blood-transfusion service, hospital and nursing stations in isolated areas (27 in 1970), home nursing, homemaker, and sick-room supply-services, and the Red Cross Youth programs which seek to promote understanding of and assistance to needy children everywhere.

The Red Cross blood-transfusion service held 7,265 clinics in 1970. In addition, the Society, a member of the international rare-blood donor service, increased its list of rare donors to 278 in 1970. Services to welfare recipients may include instruction in nutrition, purchasing, and basic sewing in addition to home nursing service. Women's work programs shipped \$529,600 of new clothing and layettes overseas in 1970. In Canada, the Red Cross provided 34,000 articles of clothing in addition to other emergency services in 1970.

Red Cross Youth programs assisted needy Canadian Children at a total cost of \$188,000 in 1968. Funds were donated to provide medical treatment, heart surgery, prosthetic appliances, dental care including provision of three mobile dental coaches and support of eight dental clinics, speech therapy, and kindergartens for the deaf. In addition, international youth programs extended assistance to children in other countries, totalling some \$101,000 in 1970. The Red Cross as a whole extended overseas aid amounting to \$2,439,000 in 1970. This reflected a two-fold increase over the previous year, the result of special government and other contributions channelled through the Red Cross for disaster relief and other humanitarian projects. Included were clothing and layettes, food and medical aid, and operation of a service which helps to reunite families separated by war or other emergencies.

Chief sources of funds for the work of the Canadian Red Cross are United Appeals, government grants and the annual Red Cross Campaigns.

The Canadian Rehabilitation Council for the Disabled.

This agency was founded in 1962 by the merging of the Canadian Foundation for Poliomyelitis and the Canadian Council for Crippled Children and Adults. The Rehabilitation Council promotes co-operation among agencies assisting the rehabilitation of disabled persons, such as the national agencies for cerebral palsy, hemophilia, Parkinson's Disease, and cystic fibrosis and the provincial councils for the disabled. The Rehabilitation Council offers consultative services, public education and training courses and seminars for rehabilitation workers. Its head office is in Toronto. The Council is affiliated with the International Society for Rehabilitation of the Disabled and the Canadian Medical Association. Its official publication is the Rehabilitation Digest.

Services for handicapped children are financed by Easter Seal campaigns in all provinces, and include case-finding, restorative and related services including parent counselling, camping and recreation. Services for disabled adults, financed by Ability Fund (March of Dimes) Agencies emphasize vocational rehabilitation, including the establishment of sheltered workshops. A new national symbol, a tree with one branch missing, has been adopted for Ability Fund campaigns.

The Canadian Tuberculosis and Respiratory Disease Association.

This agency was founded in 1900 for "the prevention of consumption and other forms of tuberculosis in Canada." Along with its medical arm, the Canadian Thoracic Society, established in 1960, the Association has extended its work in recent years to cover all respiratory illnesses. The national office in Ottawa and the 10 provincial and numerous local branches co-operate with public health agencies in promoting special programs including public and professional education, prevention, diagnosis, treatment and rehabilitation. The Association also makes consultant services available to federal and provincial health departments.

The case-finding program of the Association is carried out at the local level using mass X-ray screening surveys directed in particular at high-risk groups. In addition, some of its mobile X-ray units now employ multi-screening techniques for a number of health problems, including diabetes.



The Association awarded a total of \$114,600 in research and scholarships grants for 1971-72. This program is supported by provincial associations using a percentage of Christmas Seal fund donations.

W.H.O. authorities estimate that 10 to 20 million people around the world suffer from active tuberculosis. The C.T.R.D.A. contributes \$41,000 annually to the Mutual Assistance Program of the International Union Against Tuberculosis, for aid to underdeveloped countries where tuberculosis is a serious problem.

#### The Health League of Canada.

This agency was established in 1919 as the National Committee for Combatting Venereal Disease. The League is dedicated to the education of the Canadian public on matters of public health, both in prevention and in early recognition of disease, thereby improving the health standards of Canadians. It has dealt with immunization, fluoridation of water, gerontology, nutrition, and child and maternal health. In 1952, it was appointed the Canadian Citizens' Committee of The World Health Organization. The League publishes the magazine Health, which contains articles by professional health workers, and sponsors National Health Week and National Immunization Week. It is financed by government grants, voluntary donations, and membership fees. In co-operation with its affiliates in Quebec City and Montreal, the League administers its programs from the national office in Toronto.

#### The Multiple Sclerosis Society of Canada.

The Society was organized in 1948, to support medical research into the causes and treatment of multiple sclerosis. In 1968-69 its research expenditures reached \$103,000, a record high. It also emphasizes community education, supports professional diagnostic and therapeutic teams, and provides an information service to medical and related professions.

Through its head office in Toronto and five divisions and local chapters located in ten provinces, the Society attempts, in co-operation with other agencies serving the disabled, to meet the special needs of patients with multiple sclerosis. A survey in Toronto in 1968 demonstrated that these needs, as expressed by the patient and his family, were often more social than financial. To improve services to patients

several Ladies' Associations for Multiple Sclerosis have been organized, and some local chapters have begun patient registries. This agency also provides public education and information services, including the quarterly bulletin Multiple Sclerosis.

Funds for support of its programs come from bequests and grants, donations, United Appeals, and various other projects such as the sale of Multiple Sclerosis Christmas cards and Hallowe'en candy. Estimates are that research expenditures will reach \$150,000 in 1972.

The Society is a member of International Federation of Multiple Sclerosis Societies, which now has 18 member-organizations. Through this affiliation, research projects are co-ordinated and information on new developments is exchanged.

#### The Muscular Dystrophy Association of Canada.

This Association was organized in 1954 to increase knowledge of muscular dystrophy, to improve facilities for diagnosis and treatment, and to foster research into muscular dystrophy to develop a more successful treatment. The national office is in Toronto and there are local chapters located in 15 major cities. It estimates that over 10,000 Canadians have muscular dystrophy, of whom about one-quarter are enrolled with the Association. It supports seven muscular dystrophy clinics, limited physiotherapy, certain orthopedic devices and wheel chairs, and transportation to schools and clinics. It is giving increasing emphasis to genetic counselling services. The Association now operates diagnostic and genetic counselling clinics in Halifax, Montreal, Ottawa, Kingston, Toronto, Hamilton, London, Saskatoon, Edmonton, and Vancouver.

The major sources of revenue are the independent campaigns carried out with the assistance of local firemen. Some help also comes from the United Appeals and grants from municipal and provincial governments. The bulk of the funds of the Association go into grants for medical research. Eighty-two studies were assisted in 1970-71, both in Canada and abroad, at a total cost of more than \$521,000.

The National Cancer Institute of Canada.

The main efforts of the Institute, organized in 1947, have been to support and co-ordinate research in the clinical and fundamental aspects of cancer, to train scientists in disciplines related to research on cancer, to promote professional education about cancer, to compile and interpret cancer statistics, and to assist in the co-ordination of provincial cancer control activities.

Full-time research positions for over 30 scientists have been established, while capital grants to six universities have facilitated the construction of laboratory space for cancer research. Of the total annual budget, 90 per cent (or about \$4,200,000 in 1970) is allocated to research, while most of the remainder provides training in cancer research.

Under an agreement with the Canadian Cancer Society, with which it is affiliated, the Institute does not publicly appeal for funds. About 90 per cent of its income comes from the Canadian Cancer Society and the rest is derived from federal and provincial grants for cancer control.

The St. John Ambulance Association.

The Order of the Hospital of St. John of Jerusalem held its earliest recorded first aid course in Quebec in 1883. Incorporated on a national basis in 1914 with headquarters in Ottawa, the organization operates through 10 provincial Councils and seven "Special Centres". The Order is composed of two sections - the St. John Ambulance Association, and the St. John Ambulance Brigade. The objectives of the Association are to provide training in first-aid, home nursing, and child care, reaching some 140,000 trainees annually. The Brigade provides emergency services to the public through uniformed volunteers numbering 12,534 in 1970.

Courses of instruction are made available to the general public, police, firefighters, industry, the armed forces, schools, civil defence, and youth organizations. A new advanced first-aid course was introduced in 1971. The emergency services provided include two-way radio equipment (in Montreal a 24-hour service is provided), emergency oxygen supplies, motor boats and underwater gear, ski and snowshoe patrols, and highway first-aid-posts. The two-hour "Save-A-Life" program teaches



artificial respiration methods to an estimated 150,000 persons annually. Bursaries to nurses in training have amounted to \$7,000 in 1970.

Funds are obtained from private donations, United Appeal campaigns, the sale of text books and other publications, and fees for training government personnel. Publications include The St. John News, films, and radio and television scripts.

### The Victorian Order of Nurses.

The basic function of this organization, created in 1897, is to provide nursing services in the home. In 1970, the V.O.N. directed 16 co-ordinated home care programs and participated in 11 additional such programs by supplying either the nurse-administrator or the nursing service. Through 108 branches located in all provinces except Prince Edward Island, these services are made available to an estimated 60 per cent of the population of Canada, to anyone in the community regardless of age or financial status and on a 24-hour basis, for acute, chronic, or convalescent patients.

In 1969, a total of 104,843 patients were assisted, of whom the majority were medical and surgical patients, the rest being maternity patients and newborn infants. A sick-room-supply loan service is also provided. As a result of a number of factors including escalating hospital costs, bed shortages, and the preference for home care on the part of the elderly, the Order predicts an increase in its medical and surgical patients.

Other services are offered according to local needs, in shared programs with other agencies, or in demonstration programs. The Victorian Order of Nurses has co-operated, when requested, in the establishment of services related to home care, such as housekeeping, home help, and meals on wheels. Additional services may include school health clinics, immunization clinics, classes for expectant parents, and part-time nursing services to small industries.

Funds for the organization come from a federal grant, the Community Chest, donations, membership fees, and an annual campaign. The national office is located in Ottawa.



PART V - UNIFORM LEGISLATION GOVERNING PRIVATE PENSION PLANS

The enactment of the Canada and Quebec Pension Plans emphasized the need for uniform private pension legislation across Canada. Ontario amended the Ontario Pension Benefits Act with effect from July 30, 1965, and Quebec enacted the Supplemental Pension Plans Act with effect from July 15, 1965. The Pension Benefits Act of Alberta came into force on January 1, 1967, and that of Saskatchewan was assented to on April 1, 1967. The provincial legislation governs all pension plans operating on and after the effective date in the particular province. Similar legislation at the federal level, the Pension Benefits Standards Act, was assented to on March 23, 1967, and is applicable only to those pension plans having members employed in works, undertakings, and businesses (generally, banks and interprovincial transportation and communication) that are under federal jurisdiction.

Under these Acts, basic standards have been established with which pension funds or plans organized and administered to provide a pension benefit to employees must comply in order to receive registration, and they are not allowed to operate in these provinces or in the federal areas of responsibility unless they have received registration.

By agreement, each of the provinces mentioned above recognizes similar legislation of the others, so that a pension plan that has been registered and reports in one province does not have to seek registration or duplicate all its reporting procedures in another of these provinces if it extends its operations to employees in that other province.

The legislation requires that an employee's benefits under a pension plan become fully vested (i.e., he has full entitlement to those benefits, which will be paid to him on retirement) when he reaches age 45 and has completed either a minimum of ten years of membership in a pension plan or ten years of service with the one employer. Moreover, should the employee leave his job or resign his membership in the plan prior to retirement, at least 75 per cent of his total benefits under the plan must be locked-in for purposes of his pension, allowing him to withdraw no more than 25 per cent of the commuted value of those benefits in a lump sum. These rules apply as from the qualification date established under the legislation or from the date the plan was established if it commenced operations after the qualification date.



Other provisions of this legislation are intended to ensure the full solvency of these pension plans within a specified period of time, to restrict the types of investments which may be made by the pension fund, to provide that an employee's pension rights are portable if he should change his job, and to establish that each interested party to a pension plan is adequately informed as to the provisions of the plan.

# PART VI - INTERNATIONAL COMPARISON OF SOCIAL SECURITY EXPENDITURES

Many industrially advanced countries have a wide range of social security programs to protect individuals, and it is worthwhile to compare the relative importance attached to programs of certain types in various countries. The Department of National Health and Welfare has over the years made comparative studies of social security expenditures in New Zealand, the United Kingdom, Australia, the United States, and Canada. In these studies social security expenditures include income-security payments and payments for health and welfare services.

An economic indicator often used to measure the extent of a nation's diversion of resources into social security expenditures is the Gross National Product. Table 43 provides a comparison of expenditures on programs related to social security in terms of percentages of Gross National Product for the United States, the United Kingdom, New Zealand, Australia, and Canada for the fiscal years 1961-62 to 1966-67.

TABLE 43 - GOVERNMENT EXPENDITURE ON SOCIAL SECURITY AS A PERCENTAGE OF GROSS NATIONAL PRODUCT, SELECTED COUNTRIES, FISCAL YEARS 1961-62 TO 1966-67.

| Country        | 1961-62 | 1962-63 | 1963-64 | 1964-65 | 1965-66 | 1966-67 |
|----------------|---------|---------|---------|---------|---------|---------|
|                | %       | %       | %       | %       | %       | %       |
| New Zealand    | 12.4    | 11.9    | 11.5    | 11.1    | 11.0    | 11.1    |
| United Kingdom | 10.1    | 10.2    | 10.8    | 10.5    | 11.4    | 11.6    |
| Canada         | 9.6     | 9.5     | 9.1     | 9.2     | 8.8     | 9.1     |
| Australia      | 8.3     | 8.0     | 7.9     | 7.6     | 7.8     | 7.8     |
| United States  | 7.0     | 7.0     | 6.9     | 6.7     | 7.0     | 7.8     |

Canada has occupied the central position among the five countries throughout the period and indeed since 1958-59 New Zealand, which until 1964-65 led in percentage terms, was supplanted by the United Kingdom in the final two years of the period. The United States' proportion increased to match Australia's in 1966-67.

The main categories of benefits covered and their proportional share of total social security expenditures in each of the five countries in the fiscal year 1966-67 are shown in Table 44.

TABLE 44 - PERCENTAGE DISTRIBUTION OF SOCIAL SECURITY EXPENDITURES, BY TYPE OF BENEFIT, SELECTED COUNTRIES, 1966-67.

| Type of Benefit                  | Canada | Australia | New Zealand | United Kingdom | United States |
|----------------------------------|--------|-----------|-------------|----------------|---------------|
|                                  | %      | %         | %           | %              | %             |
| Old Age Benefit                  | 21.0   | 26.0      | 28.8        | 33.9           | 35.3          |
| Survivors Benefits               | 0.9    | 3.3       | 2.6         | 3.3            | 14.3          |
| Family Allowances                | 11.7   | 11.6      | 17.1        | 3.6            | -             |
| Unemployment Benefits            | 11.4   | 0.6       | 0.1         | 2.7            | 4.7           |
| Disability Benefits              | 1.0    | 4.6       | 2.2         | 7.4            | 5.7           |
| Workmen's Compensation           | 3.0    | 5.6       | 1.7         | 2.5            | 2.5           |
| Maternity Benefits               | -      | 0.4       | 0.3         | 0.9            | -             |
| Health Services                  | 37.7   | 33.7      | 37.5        | 33.1           | 20.6          |
| Veterans Pensions and Allowances | 5.7    | 12.0      | 7.1         | 2.7            | 7.7           |
| Other                            | 7.2    | 2.2       | 2.6         | 9.9            | 9.2           |
| TOTAL                            | 100.0  | 100.0     | 100.0       | 100.0          | 100.0         |



It can be seen from Table 44 that all countries expend a large proportion of their social security budgets on old age benefits. On the other hand, outlays for maternity benefits appear quite low, which may be due to the recipients being included in programs classified under different headings.

When the above expenditures are separated into expenditures on social welfare programs and on health services, an interesting presentation appears from which overall trends may be studied. Tables 45 and 46 relate expenditures, first for social welfare and second for health services, as percentages of total social security expenditures in each of the five countries studied for the fiscal years 1961-62 to 1966-67.

TABLE 45 - EXPENDITURE ON SOCIAL WELFARE AS A PERCENTAGE OF TOTAL SOCIAL SECURITY EXPENDITURE BY GOVERNMENTS, FISCAL YEARS 1961-62 TO 1966-67.

| Country        | 1961-62 | 1962-63 | 1963-64 | 1964-65 | 1965-66 | 1966-67 |
|----------------|---------|---------|---------|---------|---------|---------|
|                | %       | %       | %       | %       | %       | %       |
| Canada         | 69.4    | 67.9    | 67.1    | 65.2    | 64.3    | 62.3    |
| Australia      | 68.4    | 67.6    | 68.4    | 67.3    | 66.5    | 66.7    |
| New Zealand    | 69.8    | 68.2    | 67.5    | 65.1    | 63.7    | 62.5    |
| United Kingdom | 66.4    | 66.5    | 67.4    | 66.1    | 67.3    | 66.9    |
| United States  | 81.6    | 81.1    | 80.4    | 79.9    | 80.1    | 79.4    |

TABLE 46 - EXPENDITURE ON HEALTH AS A PERCENTAGE  
OF TOTAL SOCIAL SECURITY EXPENDITURE BY  
GOVERNMENTS, FISCAL YEARS 1961-62 TO 1966-67

| Country        | 1961-62 | 1962-63 | 1963-64 | 1964-65 | 1965-66 | 1966-67 |
|----------------|---------|---------|---------|---------|---------|---------|
|                | %       | %       | %       | %       | %       | %       |
| Canada         | 30.6    | 32.1    | 32.9    | 34.8    | 35.7    | 37.7    |
| Australia      | 31.6    | 32.4    | 31.6    | 32.7    | 33.5    | 33.3    |
| New Zealand    | 30.2    | 31.8    | 32.5    | 34.9    | 36.3    | 37.5    |
| United Kingdom | 33.6    | 33.5    | 32.6    | 33.9    | 32.7    | 33.1    |
| United States  | 18.4    | 18.9    | 19.6    | 20.1    | 19.9    | 20.6    |

From the above tables it can be seen that the proportion of total social security expenditures related to social welfare was declining in Canada, Australia and New Zealand, with the complementary outlays on health showing increases. The situation in the United Kingdom and the United States remained relatively stable over the 1961-62 to 1966-67 period.











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